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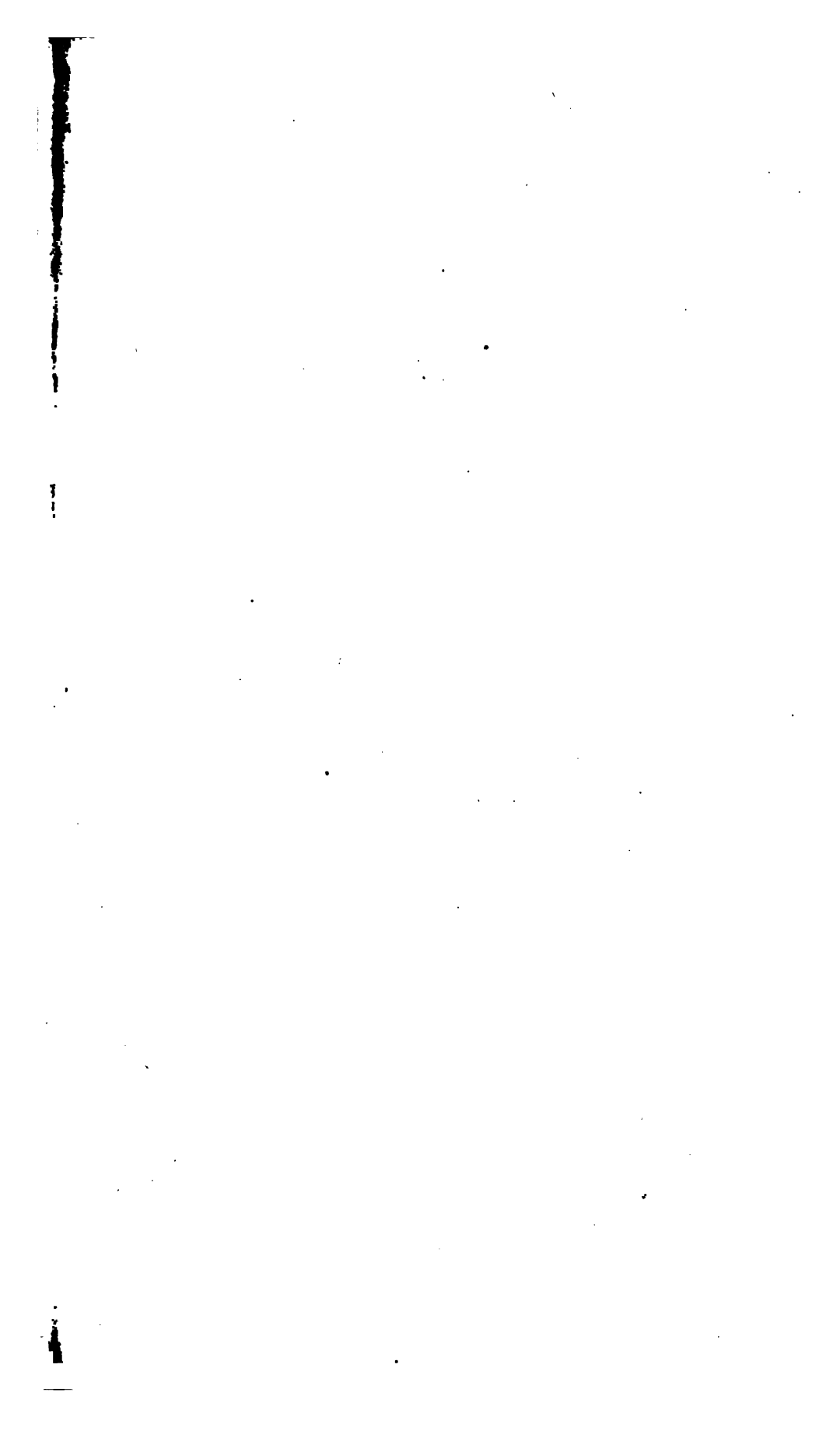
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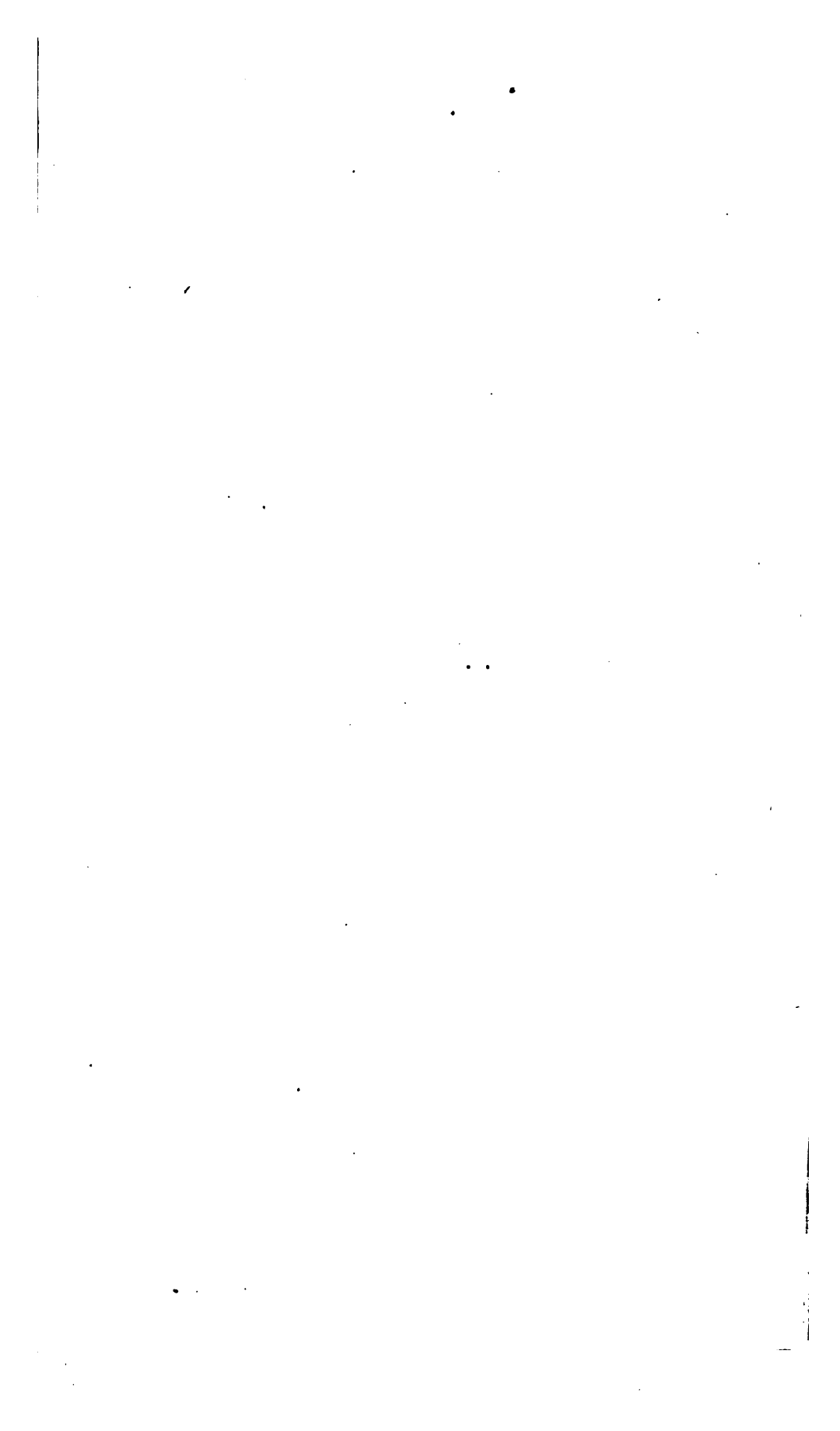
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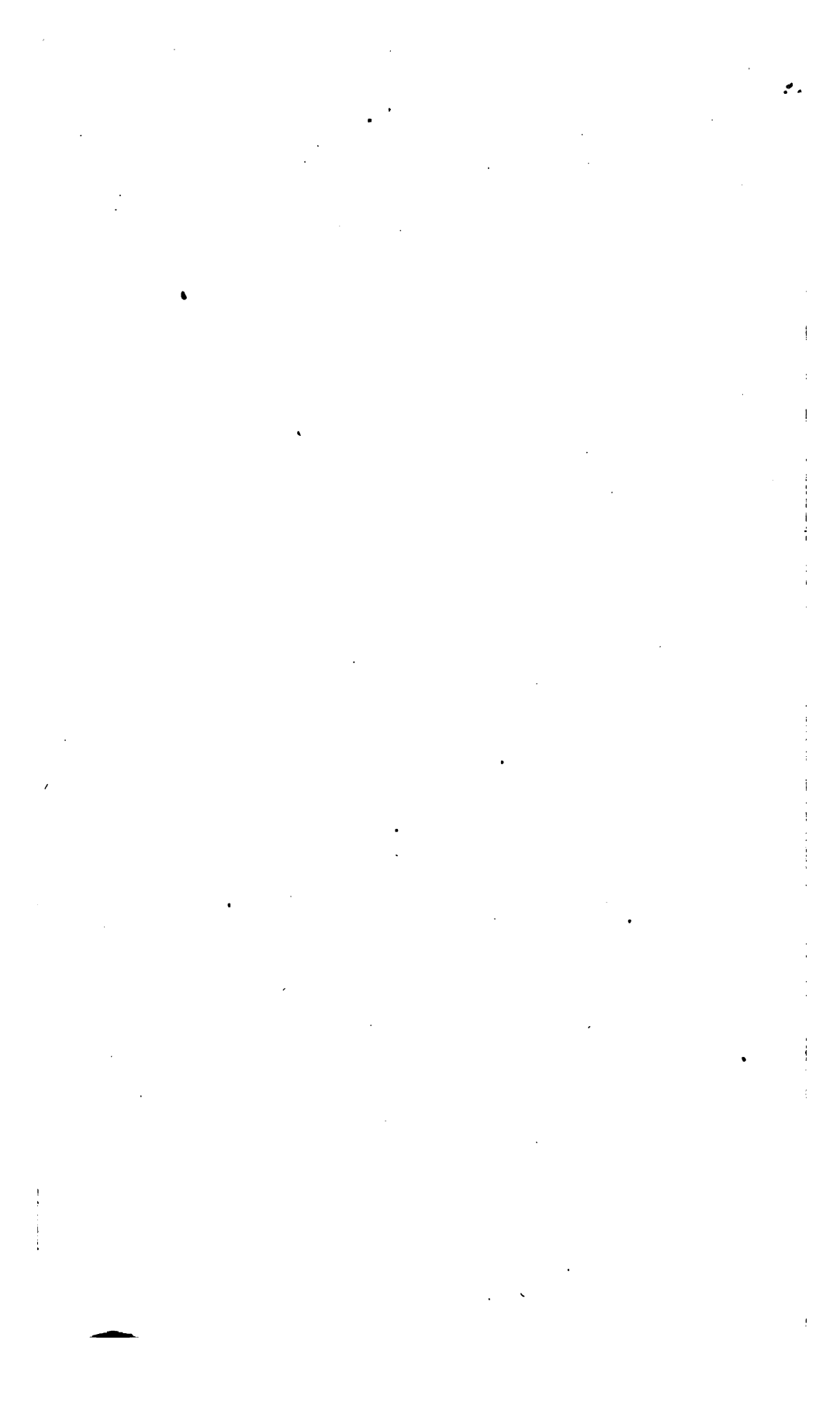
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PROFESSOR OF SURGERY AND SURGICAL JURISPRUDENCE

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CANADA EAST**

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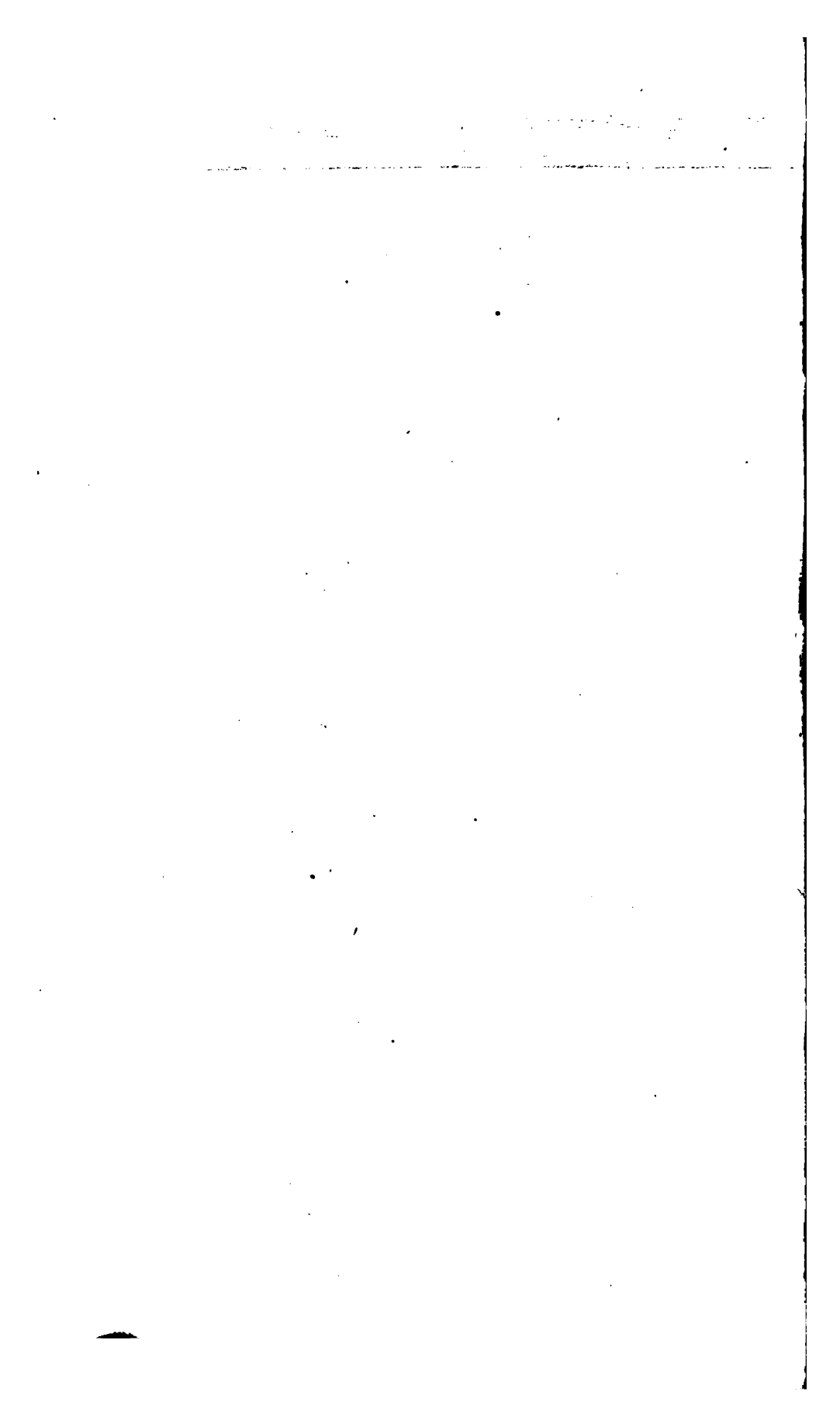
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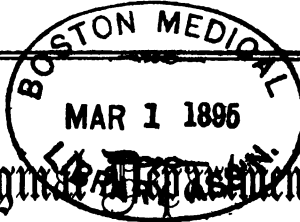
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1854.



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Art. I.--European Correspondence.

London.—Prof. MURPHY; London University.—Dr. WERT; Hospital for sick Children; Mortality among Children.—Dr. OLDHAM; Guy's Hospital.—The London Profession in general.

London, May 29th, 1854.

DR. NELSON.

Dear Doctor :—In my last letter, I endeavored to give you a running summary of what I had seen in London, of professional interest, and I propose to continue that summary in the present communication.

Thursday, May 18th. This morning at half past 9 o'clock, breakfasted with Dr. MURPHY; had quite a professional talk with him on various subjects, and gathered much useful information touching the Medical Schools and Hospitals of London, Edinburgh and Dublin. Dr. MURPHY is not an extreme, but at the same time he is a firm advocate for the employment of chloroform in parturition. He uses it quite extensively; at first, he confined himself in its administration to cases of operative midwifery; but now with a more enlarged experience, he resorts to it in natural labor in which there is much intensity of suffering. He has recorded his experience on this subject in two ably written pamphlets, the first appeared in 1848, the second in 1850. My opinion is now the same as when I left home respecting the use of chloroform in childbirth—I think in the first place it is calculated to do much harm because of its injudicious employment; and secondly, except in cases of operative midwifery, it should not be resorted to. These views being adverse to the opinions of Prof. MURPHY, an amicable controversy ensued between us which, I am disposed to believe resulted, as do most other controversies, not in conversion, but in a more steadfast adherence to the convictions of each of the parties litigant. Among other arguments advanced by the distinguished Professor in justification of chloroform in natural labor was this: "that the intense suffering of the parturient woman is not a physiological or normal pain, but is, in the strictest sense of the term, a pathological or abnormal pain, the consequence of a higher degree of nervous irritability than exists in a perfectly healthy constitution." This position I not only hold to be untenable, but it is one full of danger, for it opens the door to abuse, as it invites, if indeed it does not sanction the promiscuous use of an agent which, in the most judicious hands, and under the most favorable conditions, has sometimes resulted disastrously to the patient. Pain belongs physiologically as much to the contracting uterus, as is the secretion of bile or urine a physiological act of the liver or kidney. In replying to the position of Dr. MURPHY, I reminded him of an attempt made some years since by a distinguished countryman of his, Dr. POWER, to prove that women

1766

during parturition enjoy a complete immunity from suffering—and that the idea of pain is a mere matter of imagination, or in other words, a fiction. Among other proofs advanced by Dr. POWER to sustain his opinion was the following: He said that on one occasion, whilst attending a patient in labor who had become a convert to his views, he asked her during a powerful expulsive effort of the uterus "Madam, tell me if you please, do you suffer any pain?" "Oh! Not at all, Doctor, but I feel a sensation as if all of my bowels were being pressed out of me!!" My friend, Prof. MURPHY, saw the point of the joke, but was still unyielding in his opinion. After breakfast I accompanied Prof. MURPHY to the London University where, at 12 o'clock, he delivered a highly interesting lecture on the Cæsarean Section. As I mentioned to you in my former letter, Dr. MURPHY belongs decidedly to the conservative School of Obstetrics; and whilst he protests earnestly against an officious interference with the operations of nature, yet in case of need, when nature labors under difficulties insuperable to her own efforts, he inculcates the necessity of prompt and efficient aid. In his lecture he instituted a comparison between the operation of the cæsarean section and embryotomy—he gave the statistics of the two operations so far as the mortality is concerned, and spoke with much point of the difference of opinion which prevails on this subject in Great Britain and on the Continent of Europe.

He differs with DAVIS, CLARK, OSBORNE and others, who advocate embryotomy in cases of extreme pelvic deformity, such, for example, as where there are not more than an inch, an inch and a half, or two inches in the antero-posterior diameter; and why it is that, in the present enlightened age with all the melancholy experience of the past, there should exist any other opinion on this important question I cannot understand. Yet, strange to say, I will venture the assertion that Dr. MURPHY is almost alone on this question on the western side of the channel; but whilst alone, he has both moral courage to advance, and mental vigor sufficient to maintain the wisdom of his views—views, which are not only in accordance with facts, but which are in true keeping with the sacred duties of the practitioner. I was extremely interested in this lecture for I found the opinions of Dr. MURPHY on this vexed subject to be identical with those I advanced in 1848 in my edition of Chailly; and I regret to say that, in my own country, I am on this point in the same minority that Dr. MURPHY is in Great Britain; and the consolation I derive in advocating a principle at variance with the general opinion of my professional brethren is portrayed in that memorable expression of our glorious HENRY CLAY "Sir, I would rather be right, than be President of the United States!" From the lecture room I was conducted by Dr. MURPHY to the Hospital adjoining the University; in this Hospital the Professor holds a clinique for out-door females—and it is conducted in private, there being only two or three assistants present. In this clinique there were several examples of interesting disease of the uterus—such as ulceration, carcinoma, etc. The patients are placed on a bed, and

all are examined with the speculum, and the clerk records in a book the remedies prescribed—but I very much regretted that there were no clinical remarks made on the various cases, as I was anxious to hear my friend at the bed-side. There was one case introduced on this occasion to which Prof. MURPHY directed very particularly my attention. It was that of a widow woman, aged 39 years, who had consulted him about four months previously; she was at that time anæmic, and presented all the symptoms of carcinoma uteri. The treatment consisted in large doses of the carbonate of iron, no local applications. Under the administration of iron this woman has lost her anæmic condition, and the Professor informs me that an entire change has taken place in the uterus—all the symptoms of carcinoma having disappeared. Now, this case involves two questions. 1st. Is it possible that the Professor may have been deceived in his diagnosis of carcinomatous development, and the restoration of the woman to health be nothing more than the result of a due supply, through the iron, of red-globules to the watery blood? 2nd. As carcinoma is unquestionably a constitutional disease, may the iron have so modified the blood as to have exhausted the elements of morbid action, and thus caused the disappearance of the local evidences of the malady? My own convictions favor the former interrogatory—though, both for the sake of humanity and Science, I should be most happy to have the truth of the latter demonstrated. In speaking of cancer of the uterus, I might mention that there were several cases introduced on this occasion, and all in an advanced stage. The old writer who said “let me smell the air of the chamber, and I will tell you whether the female is laboring under carcinoma” spoke with more truth than Authors have been willing to award to him. He was right—and those who have attempted to throw a shade of ridicule over this characteristic and unmistakeable evidence of carcinoma uteri, especially in the ulcerative stage, are wrong. I have repeatedly dwelt on this fact in my own Clinique at home, and in my judgement, it is one, under certain circumstances, of very great importance. The odor emitted by a female laboring under cancer of the womb is a something that cannot be described, it is in the fullest sense of the term *sui generis*—it is unlike every thing else; but once recognized, so marked is its nature, it never can be mistaken.

Having made an engagement with Dr. WEST to accompany him to the “Hospital for sick Children.” at 2 o’clock, I was compelled reluctantly to leave Dr. MURPHY before he had completed the examination of all his patients—and I did so with, I trust, a full appreciation of his science as a physician, and the courteous bearing which distinguishes him as a gentleman.

The “Hospital for sick Children” is under the charge of Drs. WEST and JENNER, Physicians, and ARTHUR JOHNSON, Esq., Surgeon. It is situated in Great Ormond St., and has wards containing thirty beds, the number of in-door patients during the past year having been 190, whilst the out-door patients reached 4251. I must confess, I was greatly surprised to

learn that this is the only Hospital exclusively devoted to children in the great city of London. The cases in the wards were not of much interest, and I, therefore, had no opportunity of witnessing Dr. West's well known ability in the diseases of children at the bed-side. There was one case of eczema in a girl aged 7 years, which previously proved rebellious to every kind of treatment, but was now rapidly yielding to colchicum and magnesia, a combination used very successfully in London in this form of affection. I cannot understand why it is that London, with its numerous and well conducted Hospitals for adults, should have so completely neglected the wants of sick children. In that great Metropolis, there is but one Hospital for children, and that containing only 30 beds!! Well may common sense ask, where, citizens of London, is your philanthropy, where your equalized charity? Is it that young children, the most helpless and dependent of the human family, are unworthy of your care, that you should have bestowed all your benevolence on the older and less dependent members of that same family? London stands almost alone among the cities of the civilized world in this heartless neglect of the helpless child, when weighed down by disease, and if the philanthropist wishes to know how cruelly his neglect has operated, let him turn to the tables of mortality as given under the authority of the Registrar General. In these tables he will find something for reflection, if not for bitter remorse at the shameful wrong committed against those little creatures who, though they cannot plead their own cause, are in every way entitled to the warm sympathies and protection of those, on whom the smiles of fortune are constantly playing. What are young children but so many links between the present and the future? If it be true that the human family, like nations, is perpetuated through succession—and if the pride and the honor of each country is to be represented hereafter by the young of the present day, does it not become all, who look to the glory of the future, to spare no labor on the moral and physical well-being of those on whom the character of that future is to depend? I think so, and it is in part because of this opinion that I lament the wants of the little children in the Metropolis of England. Some estimate may be formed of the number of sick children in London when it is stated that 20,000 under 10 years of age die annually; and among these how small is the number, who were in a position to enjoy the most limited comforts of life? On the contrary, the great majority of these 20,000 will be found among that class of society in which poverty and its associate miseries prevail—so that this fearful mortality may be imputed to the combined actions of neglect and the want of proper medical treatment. It is, indeed, absurd, for it is against all experience to allege that this mortality is unavoidable—it is so only because the hand of charity is withheld from the sick and the suffering! It is stated by the Registrar General that in 1846, out of 50,000 persons who died in London, more than 15,000 were less than two, and over 21,000 were under 10 years of age! Again of every hundred persons born in London, 35 die before they attain their tenth year! What

a melancholy picture for contemplation—a picture which would have no existence, if the obligations of society to the destitute were properly discharged. In speaking with Dr. West of this manifest defect in the charities of London, I was happy to have it in my power to call his attention to the provision made in America, and especially in New York, for the protection of sick and destitute children. I referred also, to our numerous Hospitals, dispensaries, infirmaries, etc.—and he expressed both surprise and pleasure at what New York had accomplished in these particulars. I feel proud of our city, and exult with a truly American spirit at her onward march. I have seen nothing in London to make me feel ashamed of my country—but I have seen much to confirm me in the opinion that New York, in her medical men, her medical Institutions, her Hospital advantages, her clinical resources, in the intelligence of her Medical Students, in a word, in all that appertains to our noble Science, is engaged in a forward and salutary progression—and although she has not the age and experience of the parent, she possesses the vigor and energy of a worthy and well-developed offspring—*pulchra mater, pulchrior filia*. I say these things, because they strike me as just—I know that Americans sometimes become giddy by travel, and are apt to lose sight of home and its stirring worth in proportion as the novelties and splendor of the old world crowd upon their view—not so with me; I can admire and give full appreciation to all that is great and good in foreign lands, without either losing my love for my home, or forgetting her glorious achievements in all that becomes a great and independent nation. America is behind the old world for the best and most emphatic of all reasons—because she lacks age; but what she lacks in age, she is fast supplying by her indomitable, if not her unequalled energy; and though in making the remark I may be charged with an exuberance of patriotism, yet I feel justified in the statement that, all things being equal, America, in Science, in the Arts, and in all that constitutes the true greatness of a nation, occupies no subordinate position.

Friday, May 19th. This morning I visited Gur's Hospital, and saw much to interest me. I had the pleasure of becoming acquainted with Dr. OLDEHAM, and visited his clinical ward appropriated to the diseases of women. In the ward, there were several cases of singular interest, and I was much gratified as well as instructed by what I heard from this clever observer. I might speak of the other Hospitals, such as the Middlesex, the London Hospital, St. Thomas, etc., all of which I have visited, and from the medical officers of which I received much courteous attention; but I have not the time to enter into details; suffice it to say that I appropriate nearly my whole time to these professional visits, and am gathering all that I can in the way of professional knowledge.

You know my fondness for facts, and how highly I appreciate bedside truths—truths the most essential for the practitioner. I can give

you but the most meager account of what I have observed, as I am too much occupied to have much leisure for letter writing;]

There are several Medical Schools in London, all of which I have visited, and I have also had the pleasure of hearing most of the Professors lecture. The Schools are as follows:—St George's Hospital School; King's College; University College; Middlesex Hospital School; St. Bartholomew's School; London Hospital School; Guy's Hospital School; St. Thomas' Hospital School, etc. These are all attended by Students varying in numbers, and after they have complied with the requirements of Study, they are examined for the Degree by the College of Physicians, which constitutes a separate Board. I am not disposed now to examine this question in all its bearings, but it has always seemed to me that if Professors are competent to instruct, they are certainly the most competent to conduct the final examination of the Student. The general practitioner of medicine and Surgery cannot be expected to be posted on all the minutiae of the Science to which the attention of the pupil has been directed; nor will, as a general principle, his laborious occupation in the field of duty enable him to keep pace with the contributions, which are constantly being made to the domain of Surgery and Medicine. He, therefore, in my opinion, is not so fit to test the pupil's qualifications as the Professor, whose daily duties impress upon him the absolute necessity of exhibiting Science *as it really is*. In my visits to the various Colleges, I was much struck with the comparative want of comfort for the Students, and especially the small size of the lecture rooms, and it occurred to me that a sudden translation of the Students and Professors to the noble and capacious Halls of our University Medical College in New York, would not only conduce greatly to their comfort, but would excite both surprise and admiration; and may I not add that they would be somewhat amazed at the amount of clinical instruction given there each day in the week, not to speak of the vast facilities for studying disease practically in our Hospitals, dispensaries, etc.

Saturday, May 20th. I was kindly invited day to dine with Dr. TYLER SMITH to meet some medical gentlemen, but a previous engagement prevented my having that pleasure. Dr. SMITH, as I mentioned in my first letter, is attached to St. Mary's Hospital, and is about establishing a School of Medicine in connection with it. He is an able man, and I have had several interesting conversations with him. He has, as you are aware, written much and well on reflex action as applied to Obstetrics, and in doing so has opened a new field for enquiry, and added greatly to the interest of the Science. He entertains some new and peculiar views touching the subject of leucorrhœa, and is about publishing a brochure on that complicated and much discussed question.

As far as my observation has enabled me to arrive at a just conclusion, I think the medical men of London are very much, in one particular, like medical men elsewhere—they are full of contests and collisions,

full of asperities—in a word, they regard each other with a jealous eye, and hence, with some few exceptions, it is difficult to obtain from one, a just opinion of the other. I was very much amazed the other day in a conversation with a medical Gentleman who deservedly occupies a high position in London. In the course of conversation, I enquired of him in regard to the position of a distinguished Accoucheur, whom I was anxious to see, but who, unfortunately, was out of the city. "Oh!" says my friend, "he is a very able man, Sir—a very able man, indeed, an intimate friend of mine!" "*But*" he added—that ominous, "*But*" so duly emphasised prepared me for a development. "*But*, Sir, his practice has fallen off very much of late—I am sorry for it—poor fellow—an extremely clever man—has written well—he is a man of considerable talent—a very clever practitioner, Sir—but unfortunately he became involved in an ugly affair, which has injured him vastly—I pity him very much—I fear he will never recover from his fall—*But*, Sir, I assure you, he is an extremely able man notwithstanding his blunder—poor fellow!" I give you as nearly as I can remember the very words of my informant, and I could not but think how unmeaning is the word *friend*—and how truthful the sentiment of the eloquent TULLY "*amicus certus in re incerta facile cernitur.*" I do not mention the circumstance with any improper motive, my object being merely to deduce from this conversation a moral, which is too apparent to need elucidation. "Save me from my friends, and I will take care of my enemies" is, sometimes, not a bad maxim—and will find frequent application among Medical men.

With many apologies for this desultory and hasty letter, I am,

Very truly yours,

G. S. BEDFORD.

Art. III.--Enlargement of the Heart.

By J. B. LEWIS, M. D., OF VERNON, CONNECTICUT.

About the first of April, I was requested to visit Mr. D., aged 56 years, from whom I learned the following particulars. Sometime during the month of February he received a severe fall, striking with great force upon his left shoulder. Soon after this accident he experienced more or less pain about the region of the heart, but the pain gradually subsided, and there followed a livid blue-black appearance of the skin, produced by effused blood into the cellular tissue. Some considerable traces of the ecchymosis still remained. The pain in the precordial region returned, and had now become extremely distressing. He spoke of it as a "sinking sensation." Dyspnoea had gradually come on, and when induced by some unusual exciting cause, it became a most distressing symptom. At times there was a remarkable blueness of the skin, espe-

cially of the face. On examination there was found to be increased precordial dullness; irregularity in the action of the heart, and irregular pulse. The heart was evidently enlarged. Free venesection was used with the view of lessening the effects of increased action, and this, with the use of purgatives and diuretics, seemed at first to produce a most happy effect. For a few weeks the patient fancied himself much better, being greatly relieved of the more distressing symptoms. These symptoms returned, however, and the case progressed steadily to its termination.

Assisted by Drs. SKINNER and GOODRICH, of this place, I made a post mortem examination, and found the heart displaced and very much enlarged.

Removing it from the chest, we made a more thorough examination; the result of which I give in the following notes made at the time. **RIGHT AURICLE:** Much enlarged and hypertrophied. Large, strong, muscoli pectinati throughout its inner surface. Openings of the superior and inferior vena cava natural. Valves present no unusual aspect. A large, irregular fleshy mass stretching across the auricle from the appendix auriculæ to the auriculo-ventricular opening, of an average breadth of 3-4 of an inch, and somewhat constricted in its central portion. The annulus ovalis 3-4 of an inch in diameter, and upon its superior margin is a valvular opening, 1-8 of an inch in diameter, communicating with the left auricle. Auriculo-ventricular opening natural. **RIGHT VENTRICLE:** Tricuspid valves very large and fibrous—semilunar valves thin and delicate. **LEFT AURICLE:** Appendix large, lobulated, and constricted at its junction with the auricle. Walls of the auricle thin and dilated; internal lining smooth; no muscoli pectinati except in the appendix. The two left pulmonary viens terminate in the auricle by a common opening. **LEFT VENTRICLE:** Walls very thick. Columnæ carnæ large. Auriculo-ventricular opening very large. Mitral and semilunar valves natural.

A striking peculiarity is revealed by this dissection. We have congenital disease, in the communication between the two auricles by an opening, so that there was not only an impediment to circulation, but an actual mixture of venous and arterial blood in the heart. The reason why this was not heretofore a cause of trouble, I conceive to be this: The opening was furnished with a complete valve formed from the lining membrane of the left auricle, and so long as the left auricle possessed naturally as great or greater power than the right, and contracting, as they do, at the same time, there would be no mixture of blood through the foramen. This was probably the condition of things up to the time when the accident occurred, which must have caused inflammation of the neighboring tissues about the heart. This inflammation led to some obstruction in the circulation, I think most probably about the pulmonary artery, but of that it is uncertain, as the artery and lungs were not closely examined. That there was obstruction somewhere

there can be no doubt, for this is proved by finding enlargement of the right side of the heart. In the course of time the right auricle became much more muscular and powerful than the left, and as a natural consequence, there must have been a portion of venous blood forced through the opening into the left auricle. It must have been owing to this cause, that the peculiar blueness of the countenance, before spoken of, occurred. This condition of things necessarily led to general enlargement of the heart, and then followed another difficulty. The auriculo-ventricular opening of the right side was unusually large, without corresponding enlargement of the mitral valves; consequently regurgitation must have been considerable. The increased action of the walls inducing a more full and rapid action, forced the blood more rapidly through the lungs, thereby causing the dyspnœa, and as the disease progressed, new causes of dyspnœa were added in the supervention of pulmonary disease and effusion of serum. This serous effusion, which was very copious, occurred, I imagine, only during the latter stage of the disease; when the vital powers generally as well as the heart, were exhausted. Imperfect arterialization and coma naturally ensued, which combined forces were not long in putting an end to our patient's suffering.

Art. III.--A Case of threatened Abortion.

THE EFFECTS OF CAMPHOR.

Dr. NELSON.

Dear Sir:—I solicit a place for the following, in your valuable Journal.

On the 21st of April last, I was called to see a negro woman, aged 27 years, and mother of 7 children. When I arrived, the present symptoms were a quick pulse; pain and a throbbing sensation in the head; severe pain in the small of the back and abdomen; bowels costive; urine scanty and high colored; tongue slightly furred. Had just vomited. I learned from the Mistress of the woman, that she had eaten gum camphor that morning, but how much she could not tell, and which threw her in convulsions; this alarmed the family and I was sent for. She also informed me, that the woman had enjoyed good health previous to this morning.

The patient told me she expected her "turns" were coming on her, and at her last regular period, she suffered exceedingly, having as much or more pain than she usually had while in labour, until a lump came from her about the size of a child's fist; after which she felt entirely relieved. She insisted that I should give her something to make her "unwell" saying there was another "lump" there, which must come away before she could possibly get well again. By this time the pain in the back and abdomen had considerably abated. I bled her from the arm, gave a purgative, and ordered a teaspoonful of sweet spirits of

nitre to be given three times a day. I then left, telling her master, should she get worse to send for me forthwith.

22d. Early this morning, I was sent for again to see the patient. When I arrived at the place, I found her in much suffering, pain in the back and region of the uterus. In fact, her symptoms were as those of a woman in labour.

Pulse quick and full; bowels had been moved the night before; urine still scanty. I immediately bled her from the arm to the amount of 12 oz. The patient being very sick, here acknowledged she had taken camphor the morning before, both in a gum and fluid state, to a considerable amount, (having denied it previously.) I suspected something criminal, from the circumstance and several suspicious remarks made by her. I gave her opium in grain doses every hour, until 6 grains were taken.

This checked the pains, I ordered the opium to be continued, if the pains should return.

23d. Pains weak and seldom; pulse nearly natural; urine still scanty. Ordered an opiate occasionally; and turpentine with nitre as a diuretic.

24th. Was informed by the Mistress of the patient that during the course of last night, she (the patient) voided water from the womb, which was very offensive, having the odor of a discharge from a woman soon after delivery.

After questioning the patient very closely, I was informed by her that there was a "lump" in her womb, which could be felt above the pubis; and also states, that whenever she got over the vessel, it appeared in the act of coming away. She begged me to give her some medicine, to bring it from her. I made an examination, per vaginam, and found the os tincæ undilated, and a lump, as the patient termed it, within the womb the size of a fœtus of three months. The patient positively denies being pregnant, and has from the first, saying it can't possibly be so, from the fact of her having no husband. She pleads with tears, to have no more medicine given her, to prevent uterine contractions. She voided urine freely this morning. Bowels had not acted for the last 36 hours. Believing that the "offensive discharge" was from the bladder; I caused her to be confined strictly to a horizontal position, and ordered opium to be given in commanding doses, should anything like labour pains again make their appearance; with enemata to make her bowels act.

I visited my patient until the 28th during which time, she had occasionally, symptoms of abortion, and was promptly met and relieved by opium. The patient at last confessed she was pregnant, and promised faithfully not to attempt again to bring on abortion.

Remarks. The only thing in the above case worthy of remark, is the abortive effects of camphor. There is perhaps no other drug in the catalogue of medicines to which more varied and contradictory qualities

have been ascribed by different Authors. Some maintaining that it is a direct and immediate sedative; while others think it a direct and decided stimulant. Some again think it has a tendency to the urinary and genital organs, exciting voluptuous dreams, and increasing the venereal passions. Others deny any such tendency to the urinary and genital apparatus, believing it to possess antiphrodisiac properties, etc. In all the different properties ascribed to it by Authors, I have seen no mention of its abortive effects. I have been informed by women, that they have produced abortion in themselves, by the free use of camphor internally, at the same time, washing the hands and face with the Tincture.

It is considered by the negroes of this section of country, as an efficient and certain abortive agent. I know this is denied by the profession; but the wise may learn something from the ignorant. It is not long since quinine was first considered capable of producing abortion, when taken in excess, and this is only now acknowledged by a few Physicians. Does not camphor act in the same way as quinine? But the *modus operandi* I shall leave others to divine.

If this communication should bring out any remarks, from others more experienced, my object will be attained.

Very respectfully yours,

A. G. HELMICK, M. D.

Prince Edward, Virginia, August 1854.

Art. IV.--Case of Habitual Constipation in an Infant.

DR. NELSON.

Dear Sir :—I transmit a short account of a case that has been under my care for the last two weeks; and as it is one of some peculiarity, I should like to have the views of some of your numerous and intelligent correspondents with reference to it.

A child, eleven and a half months old, was brought to my office by its mother, and as its history is somewhat interesting and peculiar, I give it as it was given me by the mother. When it was born it was apparently well formed and of ordinary size; but in the course of thirty-six hours it began to show signs of uneasiness, owing as the nurse supposed to a constipated condition of the bowels which had not been opened since birth, a dose of castor oil was administered but produced no evacuation; a second dose was administered but with no better results. An injection was given which brought away a large amount of very offensive matter, after which the child appeared comforted. Now, the child has never had an evacuation unless produced by injections, since birth. Aside from what has been stated, it seems to be mentally deficient, and there appears to be an entire want of peristaltic action of the intestinal

canal. I have tried the use of gamboge, calomel, scammony, and aloes, in small doses, but all to no purpose.

I should be happy to hear from some of your Correspondents.

Respectfully yours,

S. C. BROWN, M. D.

Domestic, Ohio, August 1854.

**Art. V.--Starvation and Frost Bite; Sloughing and
AMPUTATION OF BOTH LEGS; ABSCESS OF THE FEMORAL
VEIN; RECOVERY.**

DR. NELSON.

Dear Sir:--The following case has been one of much interest to me, and should you deem it of sufficient importance you will oblige me by its insertion in your very valuable LANCET.

Truly yours,

IRA A. DARLING, M. D.

Logan Court House, Virginia, Aug. 1854.

About the first of last January, a young man, apparently about 25 years of age, and suffering from mental derangement, came into this vicinity and wandered about from house to house nearly two weeks, when at once he disappeared and all supposed that he had gone out of the neighborhood, till nine days after his disappearance, a farmer, together with his sons, found him in an old and dilapidated house on a remote part of their farm. He was stretched out on the floor and they all supposed him to be dead; consequently they did not move him until they had called some of the neighbors, but on moving him they found that a spark of life still remained. The good farmer took him to his house, warmed and fed him. But alas! the poor fellow's strength did not seem to return. His feet and legs, half way to his knees, turned black and commenced sloughing. They, expecting every day that he would die, thought it folly to call in Medical aid, until three weeks had elapsed, when they called me more to show me the sight than in expectation of relief to the sufferer.

He was unable to speak above a whisper; very much emaciated; pulse 140; and the bones of both legs were entirely naked from the middle down to the ankle joints. The veins of the left thigh were somewhat distended by coagulated blood, especially the femoral which was hard as high as Poupart's ligament, yielding only to continued pressure and leaving a dent when the pressure was removed. I would say here that three of the nights that he lay in the old house were the coldest we had last winter; ice being formed on still water two inches thick.

I directed nourishing diet; prescribed infusion of Quassia for a drink, and 2 grs. Quinine three times a day. The following day I amputated

the right leg just below the knee, without the use of any anæsthetic agent. After the operation was completed the pulse was 145. Added to the treatment a spoonful of Brandy to a wineglass of sweetened hot water. On the succeeding day I amputated the left leg just below the knee with equal success. Continued the nourishing diet and Brandy and water. Fourteen days from the first operation, the general health was improved; the pulse 110, and the stumps healing kindly; ligatures coming off. There was now redness, swelling, pain and tenderness along the femoral vein. These symptoms were soon accompanied by great general feverishness and thirst all of which grew worse very rapidly during the following night and the next day till evening, when I thought the patient must be relieved now or soon be numbered among the things that were!

Selecting the most prominent place over the femoral vein, which was about five inches from Pouparts ligament, I made a free opening with the abscess lancet, and about four oz. of dark colored pus were discharged. The opening was kept open a few days by the use of lint. At the time the abscess was opened the patient experienced much relief and from this time he gradually improved until his health was perfectly restored.

His mind, however, has never been restored. He has been sent by our County Court to the Lunatic Asylum at Stanton, Virginia.

Art VI.--Case of Torticollis.

BY MARK STEPHENSON, M. D.,
SURGEON OF THE NEW YORK OPHTHALMIC HOSPITAL.

C. R., a boy 5 years of age, has had wryneck from an infant, whether congenital I am unable to say. His mother first noticed it when he was nine months old.

The following was his condition when placed under my care: The head is inclined to the left side, to that degree that its axis is perceptibly different from the axis of the body, even to the most casual observer. The face is turned to the left side, so that its anterior plane cuts that of the trunk at an angle of about 55 degrees, and a vertical line from the left commissure of the lips corresponds with the median line of the sternum; the left shoulder is nearly an inch higher than the right; the left commissure of the lip is depressed giving the whole face an oblique aspect. The left sterno-cleido mastoid muscle is tense, and when pressure is made upon the head in an opposite direction it is wholly inextensible. His parents informed me that the deformity was continually increasing.

Mons. GUERIN says the sternal portion of the sterno-mastoid muscle is principally engaged in keeping up the deformity in cases of wryneck, and

he considers the section of this origin of the muscle to be sufficient for its relief in the majority of cases. He looks upon the sterno-mastoid muscle as composed of two distinct muscles, the functions of which are different—a sterno-mastoid and a cleido-mastoid—the former being a motor of the head, the latter being essentially a muscle for inspiration.

In the present case the clavicular portion had an equal share in maintaining the deformity. The boy's parents being very anxious to have the deformity removed, made the journey from California to this city for that express purpose.

Various measures had been resorted to in the hopes of counteracting the muscle but to no purpose. I informed the mother that an operation would be the only effectual remedy. She said she had prepared her mind for the worst, and should submit to whatever was thought best, and accordingly with great decision and fortitude of mind gave her assent to the operation.

The operation was performed on the 14th of Sept. 1853, in which I was very kindly assisted by Drs. BACHELDER and GARRISH, of this city, and Dr. VANNESS, of Brooklyn. The child was placed upon a table with pillows beneath him in such a manner as to make the affected muscle as tense as possible. While in this position, and under the influence of chloroform, an incision was made through the integuments on a line parallel with, and about an inch above the clavicle, extending from the internal to the external margin of the sterno-cleido-mastoid muscle; a director was then introduced beneath the clavicular portion of the muscle after examining carefully the parts super-incumbent to the director a bistoury was introduced along its groove and that portion of muscle divided. Finding the impediment only partially removed I then proceeded in like manner to divide the sternal portion of the muscle when we found the head could readily be brought to its normal position by an apparatus consisting of a frame secured to the body by stays to which a head piece was fastened in such a manner as to keep the head perfectly steady. The wound has entirely healed, and the torticollis is completely removed.*

The apparatus, I directed to be continued a few hours each day, for some months to come.

This method of operating is the one usually adopted by Mons. Roux, of Paris, and by my distinguished Preceptor, Dr. V. MORT, of New York. I give it the preference to the sub-cutaneous operation for two reasons:—

1st. Because I prefer seeing and feeling what I divide than to cutting in the dark, especially in a part involving so many important blood-vessels and nerves, as are to be found in this region of the neck.

2d. Because I have noticed that Mons GUERIN has, in several instances been obliged to repeat the operation in a few days, for the purpose, as

* No symptoms of its return having appeared although more than a year has elapsed since the operation was performed.

he says of dividing the fascia of the muscle—a result greatly to be deprecated by the Surgeon, and to which the patient will not always submit.

Chloroform was used in this case, and it is the only one in which I have ever witnessed any unpleasant consequences, although I have used it in operations upon children, equally young.

In this case respiration was nearly if not entirely suspended while under its influence, but was fully removed again by resorting to artificial measures. I am confident however that the patient would never have submitted to the operation without resorting to this wonderful agent.

Original Translations.

1. *CLINICAL REMARKS UPON HEMORRHAGE DURING AND AFTER DELIVERY.* BY PROFESSOR DUBOIS.

I will to day call your attention to a very severe accident, an accident which is the subject of the accoucheur's most serious preoccupation: I mean hemorrhage. As to myself, I never attend an accouchement without the fear of this complication, and I do not deem myself safe till after the delivery of the placenta. You have seen in this ward a few days since, a woman flooding immediately after delivery; she had been without difficulty brought to bed with the forceps. It was observed immediately after the birth of the child that there was considerable flooding; I urged upon the attendant the necessity of introducing the hand and hastening the delivery of the placenta. Seeing that he hesitated, I at once introduced my hand, and with some difficulty removed the placenta; and although the uterus was hard and pretty well contracted the hemorrhage still continued, and it could only be checked by resorting to the hæmostatic measures, to which I will allude in a moment.

While this occurrence was taking place under your eyes, I had occasion to observe a similar case in the city, in the person of a young lady who had come to Paris for her accouchement. I was at once struck with the slight degree of œdema of the face; some of her urine having been saved and tested, discovered the presence of albumine. However, I did not attach much importance to this fact. A few days after I was requested to see this patient as she was suffering from violent pain in the head and great oppression and for which I bled her copiously; she was near the end of her gestation. The husband enquired with some anxiety whether the bleeding would not hasten the confinement; I replied that it might do so, though it would lead to no inconvenience. A few days after I delivered her; every thing went off well. However, on account of the oppression which still continued and the difficulty that might result, if the labour was protracted, the forceps were easily applied, and a living child born. I apprehended hemorrhage, and my apprehension was based upon what had happened at two previous confinements—profuse flooding. In fact a large quantity of blood escaped immediately after the birth of the child; I hastened the delivery of the placenta, and yet the flooding continued to an extent which, for a moment, created

much uneasiness in my mind. In short the flooding ceased. I should add that she had taken some ergot, which as is perceived, did not control the hemorrhage. The above two cases occurring almost at the same time, are such as you will unfortunately frequently meet in practice.

You know full well the nature of the vascular connexions existing between the placenta and uterus, you know that there are numerous small and tortuous arteries springing from the womb and lost in the placenta and that numerous veins terminate in cul-de-sac. There are, therefore, numerous arterial and venous vessels from which the blood may escape; and the veins are most generally the source of hemorrhage. But how from the veins rather than the arteries? It is because these last vessels are very small and tortuous, and when the placenta is detached from the womb they are subject to a modification which has been imitated under other circumstances to prevent bleeding—torsion. But you may probably ask, how is it that with anatomical dispositions so favorable to the escape of the blood, hemorrhage is not of more frequent occurrence? Why it is not always present? There are two reasons why it should not be so. In the first place, I believe, that the abstractive power which, during utero-gestation, incessantly called the afflux of blood towards this point ceases when the ovum is expelled. Independantly of this, there is another reason—the uterus contracts and produces by this contraction extremely important modifications in the state of the parts. The caliber of the vessels is diminished by the pression resulting from the folding of the uterine textures, and the natural tortuous condition of the arteries becomes still more marked. This double circumstance—the compression of the arteries and their increase of tortuosity—is an effectual barrier to hemorrhage under ordinary conditions.

What, then, are the causes which determine these hemorrhages? You presume then—it is the absence of the conditions, I have just pointed out. Let the blood rush to the uterus with the impulse characterizing it during pregnancy, too powerful an impulse for the new conditions under which the woman is placed after the expulsion of the product of conception; again, let the uterus be in a flaccid state, and consequently, the vessels not being compressed, retain their original caliber, and you have the essential causes, in some way, necessary for the hemorrhage. But let us continue the study of these causes; Are the conditions which I have supposed realized by peculiar circumstances, by special causes? Without doubt. A plethoric woman, in whom the impulse of the blood is generally to violent, is the more liable to puerperal hemorrhage; in this case we have one of the conditions in question—the persistence of that attractive force to which I have just now alluded. There are other cases in which a local cause will produce identical results; a foreign body, the presence of a clot in the uterus. Finally, there are women in whom this increased impetus of the circulation takes place without our being able to account for it either upon constitutional or foreseen local causes; they are inexplicable cases of anomaly. The following comparison will

probably tend to elucidate more clearly what I am aiming at. When you divide the umbilical cord, there is a small jet of blood, only a few drops, if the cord has not been tied, then the flowing ceases. There is in this case no doubt, a retractile power which conduces to this result; but this is not sufficient to explain the phenomena. The cord has become useless; there is no longer a placenta at its extremity; there is no longer any attractive power, in a word, there is no more life. The same thing takes place with the uterus, so that in one as in the other case the blood ceases to flow from the same causes—the impulsive force that caused it to circulate exists no longer. In some cases the blood would continue to flow from the cut extremity of the cord were it not ligatured; in such a case we have one of those abnormal conditions one of those causes of increased impetus which keeps up the hemorrhage in women after delivery. So much for the part played by the circulation in these cases.

What are we now to expect from the contraction of the uterus, and consequently for the absence of this state of the organ? It is generally admitted and upon good grounds, that uterine contraction is feeble and insufficient in women of relaxed fibre; this is beyond a doubt a predisposing cause of hemorrhage, and such was the condition of the lady to which I have referred. There is another equally predisposing cause, and it is the unusual degree of distension of the uterus either from the presence of a very large child, twins, or a great quantity of amniotic liquid. The same result may follow the fatigue consequent upon a tedious labour. Finally, there is another circumstance that may induce a hemorrhagic tendency—it is the constitution proper of the uterus. You have heard me sometimes say that in some women the uterus was lazy, that it did not contract sufficiently, and that it only accomplished part of the duty which devolved upon it. This is caused by a defect, by a proper want of organic contractibility, in a word, by a want of contraction of the uterine tissue. This is indeed one of the most common causes of hemorrhage. Therefore, we conclude, that hemorrhage may result from a want of contraction on the one hand, and from an increased impetus of the circulation on the other. Hence two forms of hemorrhage, which it is necessary you should be acquainted with.

How does hemorrhage occur? The blood flows in the uterus, that is to say in a cavity of certain limits and possessing a greater or less power of contraction; then it passes into a non-contracting cavity—the vagina; so that what blood escapes externally is in some sort the surplus that cannot be contained in the uterus. Therefore there is no external hemorrhage without there being a variable quantity of blood in the uterus and vagina, but a much larger amount in the vagina than in the uterus owing to the increased extensibility of this cavity. You must bear this in mind; it has been erroneously interpreted when vaginal hemorrhage is described. However there are a few exceptions to this fact, and in some cases the blood accumulates either alone or principally in the uterus such is the case for example, when a clot is attached to the cervix and closes it.

thereby preventing the escape of the extravasalar blood from the uterine cavity. But this is, I repeat, an exception. In ordinary cases there is always more blood in the vagina than in the uterus. In proportion as the blood flows the woman becomes faint, and this gradual fainting most frequently leads us to the supposition of flooding. Sometimes, however, the woman is not aware of the flooding, or does not become so till it has continued for some time, the accoucheur is the one who detects the condition either by the palor of the patient, or directly by uncovering her for some other motive, and then it is that when she is apprized of the flooding she feels more faint than ordinary. This state is soon followed by syncope; in a few moments she returns to consciousness; but the hemorrhage—which had ceased during the state of syncope—recurs with the reestablishment of the circulation. I have said that syncope arrested the hemorrhage. It happens in fact, in some fortunate cases, that the hemorrhage having ceased during syncope does not return when consciousness sets in; so that the disease itself sometimes becomes its own remedy. This is certainly so in a number of cases, and even in a tolerable large number; for in the country, where women are frequently confined without proper assistance, hemorrhages are as frequent as in the cities, and certainly women suffering from hemorrhage under these conditions—the absence of remedial means—do not all die. Yet you must not allow this to lead you to false hopes. Syncope generally recurs; the reappearance of the hemorrhage after a first syncope which has only momentarily checked it, induces a second, then a third, and there is a time when, after successive faintings, the patient complains of severe pain in the precordia, then a few convulsions and next she dies.

[Conclusion in our next.]

1. ON ACUTE PLEURISY.

By F. L. A. VALLIEX, PHYSICIAN TO ST. MARGUERITE HOSPITAL, ETC.

[Translated from the "Guide du Médecin Practicien, on Résumé Général de Pathologie Interne et de Thérapeutique appliquées 2nd Edition, Paris, 1850. vol. 1. p. 544.]

Authors have commonly divided pleurisy into the acute and chronic forms, and this classification is of primary importance. It has also been divided into dry pleurisy and pleurisy with effusion; these two forms are of importance in relation to their diagnostic symptoms which will be referred to in another place. Relatively to the nature of the effusion, the one wherein the effusion of serum is more or less sanguineous has been called hemorrhagic pleurisy; but this complication is of trifling importance. Numerous names have been given to the disease according to its seat, such for example, as double pleurisy, partial pleurisy sub-divided into cato-pulmonary, diaphragmatic, mediastinal, interlobular. Finally from the presence or absence of expectoration, we have dry and moist

or humide pleurisy. M. CHOMEL has described, under the name of purulent pleurisy, that form of the disease wherein the evacuation of pus, by expectoration, follows perforation of the lung from without inwards of all the above divisions I will retain but those which distinguish pleurisy into acute and chronic, all of the other forms forming more or less part of these two.

§ I.—Definition ; synonyms ; frequency.

Acute pleurisy is an inflammation of the pleura passing rapidly through its various phases.

This disease has been designated by the names of pleuritis, hydrothorax, empyema, pythorax ; it has also been called pulmonary catarrh, but at the present day it is generally known as pleurisy.

The great frequency of pleurisy is an incontestable fact which M. BARTH has recently strengthened by his observations. He has remarked, 1st that in relation to frequency, pleurisy occupies the fifth place among acute affections, and ranks after pneumonia, typhoid fever, bronchitis and anginose diseases. Among the cases of every species that he has collected, pleurisy forms a little less than a twentieth part of the whole number, and he observes that this proportion would be much increased if there were added to the cases of pleurisy all those bearing traces of this disease ; for few are the post mortem examinations where we do not find traces of old or recent pleurisies.

§ II.—Causes.

1. *Predisposing Causes.* There exists a very old opinion that pleurisy is seldom met with in children. ARETEUS had already noticed this fact, More recently, TRILLER and MORGAGNI have asserted the same thing ; but still more recently BILLARD, M. M. RILLIET and BARTHEZ, and more particularly M. Ch. BARON have maintained that pleuritic affections were of almost as frequent occurrence in the child as in the adult. I believe that this difference of opinion arises principally from the fact that we have generally neglected to make a distinction between the three periods of infancy. If we separately examine new born children from two to seven years and those older, we find in the first place that pleurisy is much more rare in new born children than in those of a more advanced age ; of this I was satisfied by my own observations, as also by the numerous autopsies of M. M. LEDIBERDER and VERNONIS and the whole confirmed by the memoir of M. BARON ; for in children under one year he found the proportion to be one twelfth only, while in older subjects, pleurisy formed the four fifths of all the cases. After the first year, he has seen the frequency of pleurisy much on the increase till the fourth or fifth year, to diminish then up to the fifteenth. This frequency now appears to increase sensibly in proportion as we come to the adult age. In old age on the other hand, pleurisy is of very rare occurrence. I have seen but one case during two winters at the Salpetriere, and M. M. HOURMANN and DECHAMBRE, who have long studied pneumonia in old people do not allude to pleurisy. This disease is considerably more frequen

among men than women. Of 36 cases, collected at random, I find 31 male subjects and only 5 female. However, it may be presumed that from the smallness of the number, the proportional difference is not really so great. We know nothing positive in relation to the influence of constitution in the production of pleurisy. There is a great tendency in tubercular patients to this affection, and this is proved by the large number of pleuritic membranes found in these subjects; though generally they are only partial pleurisies. Articular rheumatism has been, more especially in its acute form, has been said to predispose to pleurisy, and this has been observed by M. CHOMEL and strongly advocated by M. BOUILLAUD. Organic lesions of the lung near the pleura, such as gangrene, pulmonary apoplexy, melanosis, etc., may give rise to a no less severe attack of pleurisy. Such are the predisposing causes which are pretty correctly ascertained; we will pass in silence the other causes, quoted by Authors because facts do not establish their existence.

2. *Occasional Causes.* Of all the occasional or exciting causes, the action of cold upon the body when in a state of heat or perspiration will first occupy our attention. M. BOUILLAUD strongly insists upon this cause which in his opinion, acts in two thirds of the cases. If we consult on this point the cases I have collected we will find that taking cold has been the cause of the disease in 14 out of 38; and again, in many of these cases we cannot possibly view this cause as demonstrated, as generally we have but the patient's word for it, who, as it is well known, is generally led to attribute every affection of the chest to cold. The cooling is sometimes caused by exposure to a current of air, at others by an immersion in water, at other by passing from a warm to a cold room, and again by the taking of very cold drinks—in a word, through every way whereby cold may be applied either externally or internally. According to LAENEC the continued or prolonged action of cold is more prompt than when the cold is suddenly applied to the surface of the body. This last assertion should be the subject of enquiries important to the etiology, in as much as a tolerable large number of cases tend to strengthen this opinion of LAENEC.

A few patients—whose cases I have recorded—having attributed their disease to great fatigue while being at the same time exposed to cold; in another the pleurisy succeeded in a short time to a fall on the side of the chest; two—while making efforts in raising some heavy bodies—suddenly felt sharp pains in the portion of the chest, and the other symptoms of pleurisy became rapidly developed. In these last instances, was it simple pleurisy, or did it not depend upon the rupture of some small tubercle upon the surface of the lungs? I cannot decide this question. Various perforations of the lungs resulting from very different affections, cause intense pleurisy; but as I have already alluded to this cause I will not revert to it. Finally, we are unable to assign any cause in a certain number of subjects.

§ III.—Symptoms.

In describing the symptoms, I will in the first place speak of those of general pleurisy, as it is the most frequent, and then take a rapid glance at exceptions furnished by partial cases of the disease. The setting in of pleurisy is variable generally speaking, the patient experiences for a few days a greater or less degree of uneasiness; in difference, greater susceptibility to cold, and some debility. These first symptoms are frequently overlooked by the patient, and their existence can only be ascertained after close examination. In some cases the disease is suddenly ushered in and the patient passes in a few hours from a complete state of health to one of severe disease. Finally, M. CHOMEL says that in a small number of cases the invasion is preceded, for a few days, by an unusual degree of strength of which the patient is astonished. There is still another part of the disease which is highly important to consider: We sometimes see—and M. LOUIS has observed it twice—the manifestation of acute pain, without percussion or auscultation revealing anything abnormal in any part of the chest; we are led to consider it as simple pleuro-dynia; but the dullness and the other signs of pleurisy occurring some days after, plainly tell that we have a true pleurisy to deal with. In every case, however, let there be precursory uneasiness or not, the disease will be ushered in by signs of more or less severity; and soon, in fact, the pleuritic pain is manifest, and is followed by the symptoms we will now describe.

Symptoms. After the initiatory chill, the pain leading the van of the local symptoms, is soon present, and in some cases it comes on at the same time with them. This symptom is very seldom absent; out of 46 cases, in 6 only was there no pain. This pain—pain in the side or pleuritic stitch—is most generally felt under one or the other breast. Thus in 35 cases where the seat of the pain was ascertained, the pain in 27 cases was seated under one or the other breast or under both at the same time. In two cases the pain was felt on both sides of the posterior and inferior portions of the chest. The other observations allude only to the side. Now, if we wish to particularize still more, we will find that the pain was seated a little more frequently under the right than under the left breast, (15 times in the right, 10 times in the left side.)

This pain almost always acute and at times of extreme severity rapidly acquires its highest degree of intensity; then continuing in this state for an indefinite time it diminishes in proportion to the increase of the physical signs. In a case under my observation, the pain was of a particular character coming on and going off several times. Sometimes the patients only complain of a feeling of weight in one side of the chest—a feeling of constriction more or less severe; but generally the pain is acute and pungent as if a sharp instrument had been thrust through and through the chest. Almost in every case the pain—when it has a certain degree of acuteness—is increased by motions of the body, by pressure on the parietes of the thorax, by percussion, but more particu-

larly by coughing and deep inspirations. This symptom is at times of sufficient intensity to prevent the patient from sleeping.

Cough now soon sets in; it is seldom absent although it appears to be only indirectly connected with the pleuritic affection. Of little frequency in the majority of cases the cough in others becomes very troublesome. Generally it is a small dry cough, at times as if convulsive. Expectoration is frequently absent; in fact in 33 cases, where this symptom has been observed, there was no expectoration in 20 cases. When there is expectoration, the sputa is generally purely mucous as we see in pulmonary catarrh; it is seldom bloody. We see therefore, that the cough and expectoration of pleurisy are in no wise like the same symptoms in pneumonia. At the same time there is more or less severe difficulty in respiration; generally the inspirations are short and broken off. In the first stages this impediment in the respiratory function is generally due to the pain. At a latter period the compression of the lung and its incapability of distension, render the respiratory act incomplete and hurried. However when all the acute symptoms have disappeared, and that there remains an effusion to a variable extent, without pain and without fever, we frequently see patients breathing to all appearance with ease, even when under a certain degree of exercise. The number of inspirations has been rarely observed, the attention being more particularly directed to the state of the respiration which is more or less hurried. There is no change in the voice; in very acute cases of pleurisy it is from the difficulty in respiration, somewhat broken.

Particular attention has been paid to the *decubitus* in persons with affections of the pleura. Having observed a few cases where patients preferred to lay upon the affected side, this preference has been explained by the difficulty resulting from pressure of the affected side upon the bed, and then by the difficulty in expanding the healthy side and lung. In the cases of acute pleurisy that I have noted, I find that the patients would as frequently lay upon the affected as the healthy side; that more frequently this was immaterial, and that in nearly one half of the cases—16 out of 35—in which the *decubitus* is noted, the patients would sleep on the back as they experienced as much difficulty in sleeping upon the diseased as upon the sound side. A few patients (four) from the great difficulty in breathing were constrained to remain in the sitting or half sitting posture in bed; and this will be found to be more especially the case when both sides of the chest are implicated, or when the disease having progressed rapidly, effusion in a few moments fills up the pleural cavity. It may happen that the *decubitus* will change at a certain stage of the disease; thus we see patients at first sleeping upon one or the other side and then forced to remain upon the back; others after keeping this position for a certain time, confine themselves to the half sitting posture, by the increase of the effusion and oppression; finally others who could not, from the pain, sleep upon the affected side in preference, when there is much effusion and no longer any pain. We, therefore, see

that this symptom is very variable, and that we should be in error in attributing it too much weight.

Dilatation of the chest, as a result of effusion, has been for a long time observed. LAENEC did not fail to notice it; but of late M. WOILLEZ has made very correct researches on this point. He has found, that in the first stages, there was no dilatation, because the effusion tended only to press back the lung; that at a later period the accumulation of the liquid acting on the parietes of the chest, there occurred a marked dilatation of the affected side with obliteration of the intercostal spaces; finally that after absorption of the effused fluid, the chest became constricted or was returning to its normal dimensions. These facts at the present day are known to all physicians and can in every case be verified. It is sometimes very difficult to detect this dilatation by simply looking at the thorax, and the physician must in this case resort to methodic measurement. Useful information will be derived from the application of the hand to the thoracic parietes. When in fact the effused fluid is interposed in a sufficiently large quantity between the lung and the walls of the thorax we are no longer sensible of vibrations when the patient speaks or coughs.

Percussion reveals, in a variable extent of the affected side and depending upon the amount of effusion, a more or less complete dull sound. However, it is not necessary that there should be the interposition of much fluid between the lung and thoracic parietes to occasion a high degree of dullness. Moreover the percussing finger detects the absence of a variable degree of elasticity, and this is more strongly marked if the effusion is considerable. The dullness—increasing with the progress of the disease—is at first observed at the posterior and inferior portions of the chest. Sometimes, however, things follow a different course as M. HIRTZ has remarked. In the first stages of the effusion, the liquid being in small quantity, is uniformly spread on the surface of the lung, and from this arises a large surface giving a dull sound; but after a certain time the liquid accumulating in the inferior portions of the thorax and pressing the lung upwards and inwards leaves the superior and median portions, and from that moment the dullness takes the course I have indicated. In certain cases when the lung has not entirely lost its elasticity, and that the fluid is not circumscribed by false membranes, we can, by placing the patient in various positions, cause a variation in the results of percussion. Thus when he is laying upon the abdomen we discover sonorousness at the upper portion where there was dullness and the dullness passes to the anterior surface. M. NOTTA has observed a special phenomenon in two interesting cases of pleurisy the reports of which he has just published. He found, in a circumscribed space, situated at the anterior part of the thorax, a very clear, hydro-æriiform stomachal sound, contrasting with the dull sound emitted every where else by the effusion. He attributes the sound to the folding over of the healthy part of the lung towards the anterior parietes of the chest, and this ex-

planation is verified by the post mortem appearances. These signs revealed by percussion are of great importance and should always be sought for with care.

The results of auscultation are still more important. In cases where there is little effusion and where the fluid is spread in the layers between the thorax and lung we hear a dry, hard and bronchial respiration, generally distant from the ear, although at times close to it as in ordinary pneumonia; at the same time we discover well marked bronchophony and egophony. If, on the other hand, there is much effused fluid, there is a total absence of the respiratory murmur in the inferior portions; but in proportion as we come nearer to that part of the thorax situated between the inner border of the scapula and the vertebral column, we hear a distant respiration feeble at first, then stronger, and when it comes close to the ear, we recognise that it has a bronchial character. This is also the situation where we discover egophony in cases of great effusion. It results from this that there is seldom a total absence of bronchial respiration in pleurisy, and that it is found in a more limited space in proportion as the effusion is more considerable. M. NETTER has detected extensive bronchial respiration when there has been much effusion, but these are exceptional cases. Finally, when we come to that part of the chest corresponding to the root of the bronchii, we hear the respiratory murmur pretty much as it is in the state of health. We can trace pretty well by auscultation the progress of the effusion; for we have first bronchial respiration close to the ear, then at a distance and lastly its entire absence if there is great effusion. These signs are the more distinct, that respiration is preserved in such portions of the lung as are not yet infringed upon by the effused fluid. Thus is it that we hear normal respiration at the superior and posterior regions of the chest when it has much diminished or disappeared below; then the changes invade those parts not already implicated while the respiratory act is intact at the upper and anterior portions; lastly the respiratory murmur disappears from these last mentioned situations only in exceptional cases or where there is an abundant effusion. Sometimes there has been discovered an increase in the intensity of the respiratory murmur in these parts—the anterior, for example—where respiration was preserved, and this is explained by a certain degree of compression of the pulmonary vesicles against the thoracic walls. Finally, LAENEC has remarked puerile respiration in the healthy side.

According to M. BATTERSBY, the most important signs of pleurisy in infancy are: Bronchial respiration, feebleness of the respiratory murmur and dullness; he found egophony and the pleuritic rubbing much less constant.

M. C. BARON had already come to pretty nearly the same conclusions. While these local symptoms are being developed, there is in a large number of cases a more or less marked degree of anxiety, and there is febrile action. The heat of the skin, the frequency of the pulse, which it is impossible to give, from observations, the precise indication; anor-

exia, thirst, some headache at the onset, are the general symptoms which are much less severe than those accompanying pneumonia. We even see in some subjects scarcely any acceleration in the pulse, and they would not deem their health impaired were it not for some degree of uneasiness in the act of respiration. In general the febrile symptoms are the more severe that the pain in the chest is the more acute and that the pleurisy progresses with more rapidity. Such are the symptoms of acute pleurisy with effusion, when it follows its ordinary course, and that it implicates a large extent of the thorax. But there are a few varieties to which I will now allude. And first as to the seat, we have partial pleurisies, divided into diaphragmatic, mediastinal, costo-pulmonary or interlobular, according to the region they occupy. There is nothing worthy of note in costo-pulmonary pleurisy other than being limited by false membranes to a circumscribed point of the thoracic parietes. We have seen these partial pleurisies limited to the anterior part of the chest, and sometimes to its inferior portion. M. ANDRAL cites a few such examples. In other cases the disease is limited to a small extent of the membrane investing the base of the lung on the one hand, and the upper surface of the diaphragm on the other, this is diaphragmatic pleurisy. The difficulty in respiration, more or less acute pain during inspiration and the febrile disturbance, are now the principal symptoms and not sufficient for the diagnosis. Mediastinal pleurisy is always complicated, and is generally always the accompaniment of rupture of the lung. Interlobular pleurisy is of very rare occurrence. M. ANDRAL has seen but one instance in a tuberculous patient. Sometimes the accumulation of pus in the interlobular fissures has been mistaken for abscess of the lung, and this error cannot be committed if proper attention is paid to the seat. Therefore it will be seen that these varieties of pleurisy are of but trifling importance.

When the disease is not complicated with effusion it is called dry pleurisy having for pathognomonic character the pleuritic rubbing bruit. This bruit—observed in a certain number of cases of ordinary pleurisy when we examine the patients before effusion has taken place—is present during the entire course of the disease in some rare cases. It consists in a dry sound, heard during inspiration and expiration, and stimulates the noise produced by the rubbing together of two rough bodies. There is another unfrequent variety of pleurisy, at least in the onset in uncomplicated cases, and it is the double pleurisy. The signs are then present in both sides of the chest, and, moreover, both lungs being compressed there results a higher degree of dyspnoea and anxiety. I have thus far merely considered the symptoms in the progressive period of the disease; but at a stage more or less remote, great changes occur. The pain abates, respiration is easier, unless the effusion is rapidly increasing, and the fever either diminishes or disappears completely. The patients remain for some time in this state; then, if the disease is to end in cure, dullness begins to pass away from the superior portions of the lungs; the respiratory murmur is close to the ear and from being harsh

at first it softens and regains its normal state. These changes take place gradually and from above downwards till at last they are complete through the whole extent of the lung. It is, however very seldom that the respiratory murmur regains before a considerable time its original intensity, and this is caused by the interposition of false membranes between it and the ear, and thus the decrease of intensity is much more apparent at the inferior part of the lungs where these false membranes are thicker.

There is also another phenomenon attending the subsidence of the effusion, it is rubbing bruit observed in almost all of M. BOUILLAUD's cases. The fluid, in being absorbed, allows two surfaces covered with rough false membranes to come into contact, which under the slightest motion, produces the dry sound we allude to. There is also an other sound occurring at times at the decline of pleurisies, and more especially in the limited forms accompanying pneumonia which has not sufficiently engaged the attention of writers, it is a humide or moist râle, very close to the ear, and much finer than the ordinary sub-crepitant râle. This râle is easily explained by the rubbing, stretching and pressure of moist false membranes, for the sound is similar to that emitted when a sponge slightly moistened with water is pressed between the fingers.

M. TROUSSEAU has observed some cases of pleurisy remarkable by the weakness of the patient and smallness of the pulse. He has seen several of these cases end in death, and he quotes other instances in the practice of skillful physicians which led him to perform paracentesis thoracis an operation of which I will speak in another place.

[To be continued.]

III. TREATMENT OF DYSPEPSIA. By M. GENDRIN.

Dyspepsia induces constipation and pains in the lumbar regions, and if there is as is sometimes the case in chlorotic patients, a sense of weakness in the perineum and abdomen, they think themselves affected with disease of the uterus. In a case of this description which came under M. GENDRIN's care, attention to the uterine difficulty caused the other morbid phenomena to disappear. The patient took daily for a month, 25 centigrammes, and a julep containing one gramme of tartrate and peroxyde of iron. And, at the same time, in order to restore tone to the ligamentous tissues and exert a beneficial influence upon the uterus and its appendages, she took daily a cold sitz-bath. Under this treatment the dyspepsia was cured, and the evacuations being more regular, the pains in the back were likewise relieved.

But there are cases wherein we must at once direct our attention to the dyspepsia; and for these M. GENDRIN prescribes 2 grammes of bicarbonate of soda in one pound of infusion of dog's grass (*triticum repens*) or he combines the bicarbonate of soda with the sub-nitrate of bismuth in the following proportions:

R. Bi-carbonate of Soda 2 grammes; Sub-nitrate of Bismuth 1 gramme. Mix and divide into 4 powders. The sub-nitrate of Bismuth will be found to act with more efficacy in the dyspepsia accompanying hysteria; it calms the irritability of the stomach, and corrects the feeling of cold and general uneasiness which are complained of after taking food. It is, therefore, an excellent means to prevent the cause of the attacks; and to secure this object from, 1 to 2 grammes of the sub-nitrate of Bismuth are taken during the 24 hours. Should there be in these cases, apart of the tardiness of the digestive process, a predominance of gastric juice and which is manifest by the acid eructations, the bismuth is still of much service, but the bi-carbonate in solution, magnesia, pulverized cancerorum chelæ in 2 gramme doses, become the more beneficial, not because they allow conjointly with their administration of a more nourishing diet, but it causes the stomach to bear the therapeutical agents it at first sight rejected, such as opium, ether, iron, or any other medicine called for by the exigency of the case.—*Journal de Medicine et de Chirurgie Pratiques.*

IV. ORGANIC DISPOSITION OF THE UTERUS PREDISPOSING TO HEMORRHAGE. BY M. BITTERLIN.

The causes of metrorrhagia are very numerous. Without attending to the inherent circumstances of pregnancy and labour as well as of the various traumatic lesions of which hemorrhage is the necessary and inevitable result, many women are, as we know, subject during the whole period from puberty to the critical age to hemorrhages whose cause it is difficult to ascertain and which are generally attributed to a certain dynamic state, a local plethora, a molimen, or to repeated excitation of the uterus. Authors have admitted in view of this, a large number of occasional causes the influence of which upon hemorrhage is beyond a doubt. But in order that these occasional causes, these congestive excitements, should produce hemorrhage, we have most generally—unless they have of themselves very great power—to admit the aid of a special organic predisposition. It is to these organic predispositions, which appear to have partly escaped the notice of writers, that we wish for a moment to direct the attention of our readers. M. BITTERLIN observes, that in all women subject to hemorrhages, there is found an abnormal dilatation of the inner orifice of the uterine neck. This dilatation is detected in the living by the assistance of M. VALLIEX's uterine sound; in fact, instead of feeling a circular resistance, as in the case of healthy women, when we try to pass the inner opening, the sound enters with as much ease as through the external opening. This practical remark appears of considerable importance in relation to the diagnosis and prognosis of metrorrhagia or of uterine hemorrhage. We can easily conceive, as is already proved by experience, that the flooding will continue

or return so long as the internal opening of the neck of the uterus has not returned to its physiological dimensions. This dilatation, therefore, appears to us to be ranked as one of the most powerful predisposing causes of hemorrhage; and this fact should be borne in mind either in the diagnosis and prognosis, or as indication in treatment of uterine hemorrhage.—L'Abeille Medicale.

V. ACETATE OF MORPHINE IN PNEUMONIA.

BY DR. CETTI.

Acetate of Morphine is of benefit in Pneumonia when there is exhalation of nervous irritability which sleep alone can quiet or remove. In these cases musk is not to be used as recommended by some, it is of service only when the nervous irritability is accompanied with an evident prostration of the powers of circulation, for it here acts as antispasmodic in quieting the nervous system, or as excitant in rousing the circulating system to the degree required for the resolution of the disease. But when there is an indication for the administration of the morphine, if there is irritability of the nervous system, there is at the same time in the sanguineous system such a degree of activity that it would be dangerous to increase it. That the reader may more readily understand the difference of these therapeutical indications, the author describes the stage adapted for the administration of the morphine of which there are two forms. In the first form, after the first seven days, sometimes before, at others only after this period, fever and the other pneumonic symptoms persisting to a greater or less degree, the patient is seized with a violent and dry cough, followed by albuminous and sanguineous expectoration, which had previously been of a mucous character; before the setting in of the cough, there is increased dyspnœa, and there is neither sleep night or day. The various remedies directed against the cough are of no avail; but the moment the patient is placed under the influence of the morphine, he can sleep, the cough is easier, dyspnœa diminished, and the expectoration once more resumes its characteristic mucous; with the sleep, diaphoresis takes place, and on waking the patient finds himself much better and with full hopes of a speedy recovery; in this he is not disappointed. In the second form, the patient after a lapse of seven or eight days, and after employing all the ordinary remedies for pneumonia, has a small and frequent pulse instead of contracted and hard as it had been; dyspnœa is more distressing; no change in the cough or expectoration; urine high colored; extreme anxiety worries the patient, who would change his position could he do so, or find one more easy; and more particularly, insomnolence appears to predominate over all the other symptoms. Acetate of morphine in these cases, induces profound sleep; the pulse becomes calm, full and wavy, copious perspiration bedews the patient, who, on waking, finds himself in a new life,

and the pulmonary inflammation, which threatened to pass to a suppurative stage, resolves itself gradually. To secure, from the administration of the morphine the desired effects, the following indications must be fulfilled: 1. It should only be administered, after the means required for the inflammatory period, such as bleeding, antimony, blisters, etc.; 2. That it should be in preference administered at night; 3. That it should be continued for several nights, till the symptoms calling for its administration have disappeared. Two cases of pneumonia are reported by the writer wherein the beneficial effects of the acetate of morphine were strongly marked.—*Gazette des Hopitaux*.

**VI. TREATMENT OF ACUTE ARTICULAR RHEUMATISM
BY VERATRINE.**

We like to chronicle this treatment—a treatment not directed against the abnormal manifestations, nor against the affection, but against the disease—the diathesis. What is the effect of local or general bleeding in acute articular rheumatism? It attacks the inflammation. The same thing happens with emetics, they produce by vascular cardio hypertenization the same effect as bleeding—a diminution of the mass of blood. But inflammation is here the expression, the result of the disease which is aught else than a rheumatic diathesis, and against which depletion and contra-stimulation, can have no more effect upon the disease, the diathesis, than in syphilitic iritis, for example. It is quite a different thing with veratrine; it attacks the disease itself—the rheumatic diathesis—and, thereby, indirectly the affection, as mercury and the iodide of potassium in syphilitic diathesis, and thereby secondarily to the affection—the iritis—as this is the affection which serves us as illustration. The success obtained by M. PIEDAGNEL from the administration of veratrine is such, and has been renewed for so long a time, that we are fully authorized to be positive on this subject. Commence with one pill, then with two pills of one tenth of a grain of veratrine. The mean time for the treatment is seven days. The complete subsidence of the symptoms took place still more suddenly—five days—in a man we examined, and whose shoulders, wrists, and knees were simultaneously affected. The patient is fed the moment he feels the want of nourishment. There is, so to say, no convalescence. The relapses are also very much less frequent, as M. PIEDAGNEL does not remember of a patient thus treated ever having returned to the hospital. This new medication moreover offers the advantage that the number of cardiac affections consecutive to rheumatism is considerably reduced.—*L'Abeille Medicale*.



Bibliographical Notices.

I. A Universal Formulary; containing the methods of preparing and administering Official and other remedies. The whole adapted to Physicians and Pharmacutists. By R. EGLESFELD GRIFFITH, M. D. A new edition carefully revised and extended, by R. THOMAS, M. D. With Illustrations. Philadelphia: BLANCHARD & LEA, 1854, 8vo, pp. 651, cloth. From the Publishers.

This is the third edition of a valuable and indispensable book, indispensable alike to the physician, apothecary and non-professional person, who will find in it many valuable recipes that may save them time and labour and not a little money. In it will be found every thing from the "Management of the Sick Room" to the making of "Soda Cakes" and other valetudinarian preparations. A vast number of Formulæ selected from standard and serial publications, all in plain english and plain characters, fill four-fifths of the volume: a list of incompatibles; a pathological table; several pages upon Toxicology; index of Diseases and their remedies, and a general index of 57 double column pages, will give our Readers an idea of the thousands of items contained in this new edition. It is a vast and rich *storehouse* of materials daily called in use by the practitioner, and he that wishes to be prepared for almost any emergency—in so far as remedies are concerned—cannot do without the Formulary.

2. A Clinical Introduction to the practice of Auscultation, and other modes of Physical Diagnosis, in Diseases of the Lungs and Heart. By H. M. HUGHES, M. D., Fellow of the Royal College of Physicians. Assistant Physician to Guy's Hospital. Second American from the second and revised London edition. Philadelphia: BLANCHARD & LEA, 1854, 12mo, pp. 304, cloth. From the Publishers.

Much attention has been paid within a few years, to diseases of the Lungs, Heart and large bloodvessels; and as the only true source of information relating to this large and important class of diseases must be derived from a correct knowledge of physical diagnosis, it becomes the practitioner to study and treasure every thing that may possibly assist him to unravel the intricate meshes of morbid action at the bed-side. But bed-side examinations to be fruitful in correct deductions must be prepared by previous study; the numerous sounds and modifications of sound, their variations at different stages of disease and their similarity in many cases require on the part of the physician a thorough study of these phenomena and a practical ear to detect them. It is only by study and practice that he may expect to do anything like justice to his patients and credit to himself. HUGHES' Introduction is the book wherein he may acquire that information to be strengthened and corroborated by careful

clinical observations. This edition has been much enlarged and improved, and although we cannot give assent to all that it contains, it is still such a work as should be studied by all, and as a manual it is superior to all others upon the same department.

3. Institutions for the Insane, in Prussia, Austria and Germany. By PLINY EARLE, M. D., one of the visiting Physicians to the Lunatic Asylum of the city of New York; late Physician to the Bloomingdale Asylum; Fellow of the College of Physicians and Surgeons of New York, and of the N. Y. Academy of Medicine. New York: S. S. & W. Wood, 261 Pearl St. 1854. 8vo. pp. 245, cloth. From the Publishers.

4. An Examination of the Practice of blood-letting in Mental Disorders. By PLINY EARLE, M. D., etc., New York: S. S. & W. Wood, 261 Pearl St. 1854. 8vo. pp. 126, cloth. From the Publishers.

The above works are from the pen of a Gentleman, who has figured conspicuously in this country as one of the ablest and most skillful physicians in mental disorders. Few countries have done more for the Insane than the United States, and the Medical Staffs of these Institutions, as a body, are a blessing to humanity and an honor to the Profession. Dr. EARLE has visited 57 public and private Lunatic establishments in the Germanic Confederation, and he has closely noted everything of importance tending to shed light upon his favorite speciality, and the volume before us is the fruit of his journeys and observations. It is a book more of history than of practice, interspersed here and there with brief allusions to treatment and management and also with short notices of the distinguished Medical philanthropists of Germany. As a whole this volume will be read with pleasure and profit.

The "Examination" is altogether a work of a different stamp. It considers one plan of treatment in mental disorders "to bleed or not to bleed" is the question which the Author has ever present to his mind and which he endeavors to solve. How far he has succeeded—and he has come pretty near it—we are not prepared to say. At times we are seriously inclined *to*, and again we think best *not to*. The work is a compilation evincing much research and a thorough knowledge of the literature of Mental diseases. The opinions of 125 American and European writers are submitted to the test of close criticism and experience, and accepted or rejected as their merits entitle them to. The following twelve inferences, or conclusive facts, sum up the evidence in favour of or against bleeding, and as they are the essence of this monograph we present them to our Readers.

"1. Insanity in any form, is not, of itself, an indication for bleeding.

2. On the contrary, its existence, of itself, a contra-indication. Hence the person who is insane should, other things being equal, be bled less than one who is not insane.

3. The *usual* condition of the brain in mania, is not that of active inflammation, but of a species of excitement, irritability or irritation, perhaps more frequently resulting from or accompanied by *anæmia*, debility

or abnormal preponderance of the nervous over the circulatory functions, than in connexion with plethora and enduring vital power.

4. The excitement, both mental and physical, produced by this irritation can in most cases be permanently subdued, and its radical source removed by other means, more readily than by bleeding.

5. Yet insanity may be co-existent with conditions, such as positive plethora, a tendency to apoplexy or paralysis, and sometimes sthenic congestion or inflammation, which call for the abstraction of blood.

6. Therefore, venesection in mental disorders should not be absolutely abandoned, although the cases requiring it are very rare.

7. As a general rule, topical is preferable to general bleeding.

8. In many cases where the indication for direct depletion is not urgent, but where bloodletting particularly if local, might be practiced with out injury, it is safer and better to treat by other means, equalizing the circulation and promoting the secretions and excretions.

9. The physical conditions requiring bloodletting more frequently exist in mania than in any other form of mental alienation.

10. Insanity following parturition, other things being equal, is to be treated by bleeding less frequently than that which has its origin in other causes.

11. If the mental disorder be the direct result of injury to the head, the treatment must be directed to the wound, or its physical effects, and not its psychic condition.

12. In many cases where insanity is accompanied by typhous symptoms, and in some where the aspect is that of acute phrenitis, active stimulants alone can save the patient, and direct depletion from the circulations is almost certainly fatal."



Editorial Department.

TRUTH WITHOUT FEAR.

PLATTSBURGH, (NEW YORK;) OCTOBER, 1854.

American and Canadian Medical School List FOR 1854.

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We present to the Readers of the LANCET a tolerable full List of all the regular Medical Schools in North America. Our desire was to include the names and Faculties of every Institution where Medical Science was, or is pretended to be, taught, whether in regular, irregular or mixed Colleges, and the following list will show how far we have succeeded. We are under obligations to *three* gentlemen only for the information solicited in our last Number, the data for the other Schools have been collected from the editorial and other notices found in our Exchanges. The numbers attached to the names of the Faculties refer to the various branches, and are as follows: Anatomy, 1; Physiology, (Institutes of Medicine,) 2; Surgery, 3; Practice of Medicine, 4; Chemistry, 5; Materia Medica, 6; Therapeutics, 7; Obstetrics, 8; Diseases of Women and Children, 9; Pathology, 10; Demonstrator of Anatomy, 11; Prosector, 12; Medical Jurisprudence, 13; Natural History, 14; Hygiene, 15; Pharmacy, 16; Comparative Anatomy, 17; Microscopic Anatomy, 18; Botany, 19; Surgical Anatomy, 20.

Canada East. 1. LAVAL UNIVERSITY MEDICAL COLLEGE, Quebec. Established in 1854. Faculty: J E Landry, 1; C Fremont, 3; J Blanchet, 2, 4; A Jackson, 8, 9; J Z Nault, 6, 7. Fees, \$—.

2. MONTREAL SCHOOL OF MEDICINE AND SURGERY. Established in 1842. Students, —; Graduates, —. Faculty: Bibaud, 1; Peltier, 2; Munro, 3. Beaubien, 4; D'Orsennens, 5, 16; Coderre, 6, 7; Trudel, 8, 9; Boyer, 13.

3. UNIVERSITY OF MCGILL MEDICAL COLLEGE, Montreal. Established in —. Students, 77; Graduates, 14. Faculty: O. M. Bruneau, 1; W Frazer, 2; G W Campbell, 3; A F Holmes, 4; W Sutherland, 5; W Wright, 6, 13, *vice* Hall; Hall, 7, 9, *vice* McCulloch, dead; R P Howard, 11. Fees, \$131.

Canada West. 4. TRINITY MEDICAL COLLEGE, Toronto. Established in —. Students, —; Graduates, —. Faculty: N Bethune, 1, 2; H Melville, 3; S. Bovell, 4; M. Y. Hind, 5; W Hallowell, 6; E. M. Hodder, 8, 9; N. Bethune, 11; F. Bageley, 13. Fees, \$—.

5. UNIVERSITY OF TORONTO MEDICAL COLLEGE. Established in —. Students, —; Graduates, —. Faculty: W. C. Guynne, 1, 2; W. F. Beau-

mont, 3; J. King, 4; H. I. Croft, 5; W. B. Nichol, 6, 16; G. Herrick, 8, 9; J. H. Richardson, 11; L. O'Brien, 13. Fees, \$ —.

District of Columbia. 6. NATIONAL MEDICAL COLLEGE, Washington. Established in —; Students, —; Graduates, —. Faculty: T. Miller, 1, 2; J. F. May, 3; G. Tyler, 4, 10; L. H. Steiner, 5, 16; J. Riley, 6, 7, 15; W. P. Johnson, 8, 9; E. M. Scott, 12, 13. Fees, \$130.

Georgia. 7. ATLANTA MEDICAL COLLEGE, Established in 1854.

8. MEDICAL COLLEGE OF GEORGIA, Augusta. Established in 1831; Students, —; Graduates, —. Faculty: G. M. Newton, 1; H. V. Miller, 2, 10; L. A. Dugas, 3; L. L. Ford, 4; A. Means, 5, 16; J. P. Garvin, 6, 7, 13; J. A. Eve, 8, 9; R. Campbell, 11; H. F. Campbell, 17, 18. Fees, 130.

9. SAVANNAH MEDICAL COLLEGE.

Indiana. 10. EVANSVILLE MEDICAL COLLEGE.

Illinois. 11. RUSH MEDICAL COLLEGE, Chicago. Established in 1832; Students, —; Graduates, —. Faculty: W. B. Herrick, 1, 2; D. Brainard, 3; N. S. Davis, 4, 10; J. T. Z. Blaney, 5, 16; J. McLean, 6, 7, 13; J. Evans, 8, 9; J. W. Freer, 11. Fees, \$50.

Iowa. 12. MEDICAL DEPARTMENT OF IOWA UNIVERSITY. Established in —; Students, —; Graduates, —. Faculty: E. A. Arnold, 1; D. L. McGugin, 2, 10, 18; J. C. Hughes, 3; F. Knowles, 4; J. E. Sanborn, 5, 6; E. R. Ford, 8, 9; K. Ryland, 11; J. Bowen, 13. Fees, \$98.

Kentucky. 13. KENTUCKY SCHOOL OF MEDICINE, Louisville. Established in 1849. Students, —; Graduates, —. Faculty: T. W. Colescott, 1; H. M. Bullitt, 2, 10; J. B. Flint, 3; L. M. Lawson, 4; J. C. Norwood, 5; R. J. Breckenridge, 6; J. Hardin, 8, 9; D. Cummings, 11. Fees, \$145.

14. MEDICAL DEPARTMENT OF UNIVERSITY OF LOUISVILLE. Established in 1837. Students, 287; Graduates, 82. Faculty: B. R. Palmer, 1, 20; L. P. Yandel, 2, 10; S. Gross, 3; A. Flint, 4; J. L. Smith, 5, *vice* B. Silliman, Jr., resigned; L. Rodgers, 6, 7; H. Miller, 8, 9; T. G. Richardson, 11. Fees, \$155.

15. MED. DEPART. OF PENNSYLVANIA UNIVERSITY, Lexington. Established in 1817. Students, —; Graduates, —. Faculty: J. M. Bush, 1; H. M. Skillman, 2, 10; E. D. Dudley, 3; W. S. Chipley, 4; R. Peter, 5, 16; J. R. Allen, 6, 7; S. M. Letcher, 8, 9; J. M. Bruce, 11. Fees, \$110.

Louisiana. 16. MED. DEPART. OF UNIVERSITY OF LOUISIANA.

Maine. 17. BOWDOIN MED. COLLEGE. Established in —. Students, —; Graduates, —. Faculty: E. R. Peaselee, 1, 3; W. Sweetzer, 4; P. Cleveland, 5, 16; C. A. Lee, 6, 7; A. Nourse, 8, 9; J. S. Tenney, 18. F. \$68.

Maryland. 18. MED. DEPART. OF UNIVERSITY OF MARYLAND.

Massachusetts. 19. BERKSHIRE MEDICAL INSTITUTION, Pittsfield. Established in 1822. Students, —; Graduates, —. Faculty: R. H. Paddock, 1, 2; T. Childs, 3; H. H. Childs, 4, 8; T. Antisell, 5; C. A. Lee, 6, 13; E. K. Sanborn, 10, 18. Fees, \$72.

20. MASSACHUSETTS MED. COLLEGE, Boston. Established in —. Students, —; Graduates, —. Faculty: O. W. Holmes, 1, 2. H. J. Bigelow, 3. M. Wyman, 4. J. P. Cooke, 5. J. Bigelow, 6. D. W. Storer, 8, 9, 13, *vice* W. Channing resigned. J. B. S. Jackson, 10. R. P. Hodges, 13. Fees, \$108.

Michigan. 21. UNIVERSITY OF MICHIGAN MED. COLLEGE, Ann Arbor. Established in 1850. Students,—. Graduates,—. Faculty: C. L. Ford, 1. A. Sager, 2, 8. M. Gunn, 3. S. Denton, 4, 10. S. H. Douglass, 5, 13, 16. A. B. Palmer, 6, 9. E. Andrews, 11, 17. Fees, \$15.

Missouri. 22. MED. DEPART. OF MISSOURI UNIVERSITY, St. Louis. Established in —. Students,—. Graduates, 35. Faculty: J. T. Holden, 1. P. Spence, 2, 17. J. N. McDowell, 3. J. S. Moore, 4. A. Hopton, 5, 16. J. Barnes, 6, 7, 19. J. R. Allen, 8, 9. E. Deming, 10. J. D. McDowell, 11. Fees, \$140.

23. MED. DEPART. OF ST. LOUIS UNIVERSITY. Established in —. Students,—; Graduates, 31. Faculty: C. W. Stevens, 1; R. S. Holmes, 2, 13; C. A. Pope, 3; M. L. Linton, 4; A. Litton, 5, 16; W. M. McPheeters, 6, 7; M. M. Pallen, 8, 9; J. B. Johnson, 10; E. F. Smith, 11. Fees \$150.

New Hampshire. 24. MED. DEPART. OF DARTMOUTH COLLEGE. Established in 1795; Students,—; Graduates,—. Faculty: E. R. Peaslee, 1, 2. D. Crosby, 3, 8, 9. E. E. Phelps, 4, 10. O. P. Hubbard, 5, 16. A. Smith, 6, 7, J. M. Eveleth, 11. S. Parker, 13. Fees, \$73.

25. MED. INSTI. OF YALE COLLEGE. Established in —. Students,—; Graduates,—. Faculty: O. Hooker, 1, 2. J. Knight, 3. W. Hooker, 14. B. Silliman, Jr., 5, 16. H. Bronson, 6, 7. T. P. Beers, 8. Fees, \$38,50.

New York. 26. ALBANY MED. COLLEGE. Established in 1839. Students, 104; Graduates, 23. Faculty: J. H. Armsby, 1. T. Hun, 2, 6. A. March, 3. J. McNaughton, 4. E. S. Carr, 5, 16. H. Townsend, 9. Fees, \$80.

27. COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK. Established in —. Students, 230; Graduates 39. Faculty: R. Watts, 1. A. Clark, 2, 10. W. Parker, 3. J. M. Smith, 4. J. Torry, 5, 19. E. Bartlett, 6. C. R. Gilman, 8. J. H. Lidell, 11. L. A. Sayre, 12. Fees, \$135.

28. GENEVA MED. COLLEGE. Re-organized in 1854. Faculty: C. A. A. Bowen, 1, 2. J. E. Hawley, 3. W. Sweetza, 4. J. Towler, 5, 16. T. R. Spencer, 6, 7. F. Hyde, 8, 9, 10. Fees, \$85.

NEW YORK MED. COLLEGE. Established in 1850. Students,—; Graduates,—. Faculty: E. R. Peaslee, 1, 18. E. H. Parker, 2, 10. J. M. Carnochan, 3. H. Green, 4. R. O. Doremus, 5, 18. E. H. Davis, 6, 7. B. F. Barker, 8, 9. D. S. Conant, 11. Fees, \$145.

30. MED. DEP. OF UNIVERSITY OF BUFFALO. Established in 1847. Students,—; Graduates, 25. Faculty: S. B. Hunt, 1, *vice* Moore resigned. J. C. Dalton, 2. F. H. Hamilton, 3. T. F. Rochester, 4. G. Hadley, 5, 17. C. A. Lee, 6, 10. J. P. White, 8, 9. Boardman, 11 *vice* Hunt promoted to 1. C. B. Coventry, 13. Fees, \$100.

31. MED. DEPARTMENT OF UNIVERSITY OF NEW YORK. Established in 1839. Students, 349; Graduates, 112. Faculty: W. H. VanBuren, 1. J. W. Draper, 2, 5. A. C. Post, 3. J. A. Sweet, 4. M. Paine, 6, 7. G. S. Bedford, 8, 6. V. Mott, 20. C. E. Isaacs, 11. G. A. Peters, and A. B. Mott,

12. Fees, \$145.

Ohio. 32 CINCINNATI COLLEGE OF MEDICINE AND SURGERY. Established in 1838. Students —; Graduates, —. Faculty: W W Dawson, 1, 2. A P Baker, 3. B S Lawson, 4. C W Wright, 5. J S Harrison, 6, 7, 13. P M Crume, 8, 9. Fees, \$180.

33. CLEVELAND MED. COLLEGE. Established in —. Students, 49; Graduates, 61. Faculty: J J Delamater, 1, 2. H A Ackley, 3. J P Kirtland, 4. S St John, 5, 13, J L Cassels, 6, 16, 19. J Delamater, 8, 9, 10. P Thayer, 11. Fees, \$85.

34. MIAMI MED. COLLEGE, Cincinnati. Established in 1852. Students, 49; Graduates, 17. Faculty: C L Avery and John Davis, 1. C C Comegys, 2. R D Mussey, 3. J F White, 4. H E Foote, 5. J A Murphy, 6, 7, 13. G Mendenhall, 8, 9, J P Judkins, 10. S T Webb, 11. Fees, \$120.

35. MED COLLEGE OF OHIO, Cincinnati. Established in 1816. Students, —; Graduates, 24. Faculty: S G Armor, 4, 10; *vice* D M Lawson, resigned; S O Edwards, 6, 7, 13; T Wood, 1; J Graham, 2; A Evans, 3; J A Warder, 5, *vice* Locke resigned; N T Marshall, 8, 9; M T Carey, 11. Fees, \$130.

36. STARLING MED COLLEGE, Columbus. Established in —. Students, —; Graduates, 25. Faculty: J Dawson, 1, 2. E M Moore, 3. S M Smith, 4. T G Wormley, 5. J W Hamilton, 6, 7, 13. F Carter, 8, 9. W L McMillen, 11. Fees, \$88.

Pennsylvania. JEFFERSON MED COLLEGE. Established in —. Students, 627; Graduates, 270. Faculty: J Pancoast, 1. R Dunglison, 2; T D Mutter, 3. J K Mitchell, 4. F Bache, 5. R M Huston, 6, 7; C D Meigs, 8. E Wallace, 11. Fees, \$140.

38. PHILADELPHIA COLLEGE OF MEDICINE. Established in —. Students, —; Graduates, —. Faculty: G Hewston, 1. H Hartshorne, 2. E M Tilden, 3. J A Pennypacker, 4. B H Rand, 5. J L Tyson, 6, 7. J Parrish, 9. Fees \$119.

MEDICAL DEPARTMENT OF PENNSYLVANIA COLLEGE, Philadelphia. Established in —. Students, 123; Graduates, —. Faculty: J M Allen, 1. F G Smith, 2. Neil *vice* D Gilbert, transferred to 8, 6, *vice* J Wiltbank, resigned. A Stille, 3, *vice* W Davach, resigned. J J Reese, 5, 16. J B Biddle, 6, 7. W H Gobrecht, 12. Fees, \$140.

40. MEDICAL DEPARTMENT OF UNIVERSITY OF PENNSYLVANIA. Established in 1665. Students, 510; Graduates, —. Faculty: J Leidy, 1. L Jackson 2. 3 vacant by resignation of W Gibson, G B Wood, 4. R E Rogers, 5. J Carson, 6, 7. H L Hodge, 8, 9. W Hunt, 11. Fees 155.

South Carolina. 41. MEDICAL COLLEGE OF SOUTH CAROLINA. Charleston.

Tennessee. 42. MEMPHIS MED. COLLEGE. Established in —. Students, 64; Graduates, 16. Faculty: A K Taylor, 1. C T Quintard, 2, 10. H K Robards, 3. A P Merrill, 4. J Millington, 5. C B Guthrie, 6, 16. L Shanks, 8, 9. D F Wright, 11. H S Porter, 15. Fees, \$145.

43. UNIVERSITY OF NASHVILLE. Established in 1850. Students, 220 Graduates, 71. Faculty: R M Porter, 1. T R Jennings, 2. P F Eve, 3. W K Bowling, 4. J B Lindsley, 5, 16. C K Winston, 6, 13. A H Buchanan, 10. J W Waston, 8, 9. W T Briggs, 11. Fees, 145 dollars.

Vermont. 44. VERMONT ACADEMY OF MEDICINE, Woodstock;

45. CASTLETON MED. COLLEGE. Established in 1818. Students, ---. Graduates, 20. Faculty: C LaFord, 1, 2. M Goldsmith, 3. W Sweetzer, 4. G Hadley, 5, 14. J Perkins, 6, 8. A Woodward, 11. W C Kiuridge, 13. Fees, \$70.

46. MED. DEPART. OF UNIVERSITY OF VERMONT. Re-organized in 1853. Students, 22, Graduates, 6. Faculty: S W Thayer, 1, 2, *vice* L W Bliss resigned. H Nelson, 3. E Kane, 4, 10, *vice* Thayer promoted. H Erni, 5, 16. W Carpenter, 6, 7. O Smith, 8, 9. Fees, \$70.

Virginia. 47. MED. COLLEGE OF VIRGINIA, Richmond. Established in 1854. Faculty: C P Johnson, 1. B Sequard, 2, 13. C B Gibson, 3, 10. D H Tucker, 4. M P Scott, 5, 16. R B Wellford, 6, 7. R L Bohannan, 8, 9. A E Petticolas, 11. Fees, £145.

 To Readers and Correspondents, page 48.

Club rates—The LANCET will be forwarded to Clubs at the following prices: 3 copies for \$5; 5 copies, \$8; 10 copies, \$15; 20 copies, \$22, 50.

New Advertisements this Month:

Lectures on Ophthalmic Surgery, by Dr. STEPHENSON.

Book Agents wanted by R. SEARS, New York.

The Scientific American; MUNN & Co., New York.

Several articles prepared for this Department are unavoidably crowded out.



Lancet Monthly Record.

EXTRACTS FROM THE EDITOR'S *Index Rerum*

Practice of Medicine and Therapeutics.

AGONY.

CHOLERA MORBUS.

1 AGONY. Facies hippocratica, palor, lividity of the surface and of mucous membranes, lids half closed, muscular prostration, sinking of general sensibility of the special senses and intellectual faculties, cold extremities, cold sweats, stertorous, laborious respiration, pulse small, irregular, soft slow or frequent, intermittent or fluttering; deglutition painful or even impossible, at times involuntary evacuations—such is the assemblage of symptoms of impending death. Remedial measures have proved of success in such desperate cases. Endeavor to combat the agony in every case ignorant of those instances where help is radically impossible. The curative measures vary but little whatever may be the portion of the economy most seriously implicated, they all form part of direct or indirect stimulants. It is essential to act with energy and perseverance in modifying the means according to the indications and the effects observed. To rouse the sensibility is the first thing to be done, and this is of equal importance in paralysis, syncope and asphyxia. In asphyxia from bronchial froth—slow asphyxia from passive pulmonary engorgement—the most common, and frequently the most severe form of agony, we must not only remove the mucous from the bronchi and excite coughing, but we must apply energetically and continuously internal and external stimulants, wine, alcohol in small and repeated doses, large blisters to the thorax, sinapisms, stimulating frictions, etc. The limit to our efforts is marked by an unique phenomena—the cessation of the heart's pulsations.—FORGÉ, Bulletin de Therapeutique.

2. CHOLERA MORBUS, treatment of. The remedies are morphia and creasote, and the mode of prescribing them has generally been to give from one eighth to one twelfth of a grain of morphia with from one to three drops of creasote; the quantity of each ingredient to be governed by the age, constitution, the habits of the patient, as well as by the severity of the disease itself. Seldom is it requisite to give more than one dose of the creasote, especially when taken soon after vomiting. The morphia is usually repeated once or twice after the last dose of creasote, and this is all generally, which the case requires,

CHOLERA.

DELIRIUM TREMENS.

so far as medicine is concerned. Warmth to the surface, and the moderate use of warm drinks, are important adjuvants, and aid in restoring the equilibrium of the circulation.—WILLIAMS, Boston Medical Jour.

3. CHOLERA, the wet sheet in. In one case where the wet sheet was applied to a man in collapse and apparently dying, it was followed by reaction and recovery. In every case it removed the blueness of the skin, and encouraged reaction; it entirely relieved the cramps, and was a most grateful application to the sufferer. It is supposed that by the wet sheet the blood may receive again some portion of the serum it had lost.—ROCHESTER, Buffalo Medical Journal.
4. b. treated by Muriatic acid. R. Vinous Tincture of cinchona 24 parts; Tincture of orange peel, of juniper of columba, of each 3 parts; Muriatic acid 4 parts. Mix. According to the nature of the case, the intensity of the symptoms, and the patient's susceptibility, give a small spoonful every quarter, half or every hour; in some instances to favour its tolerance, syrup of tolu or of poppies may be added. The first effect of the medicine is a sensation of warmth in the epigastrium, which rapidly extends over the body; the vomiting moderates and finally ceases; after the 4th or 5th dose the alvine dejections generally diminish in quantity and frequency, and the urinary secretion is re-established but more slowly. Cold drinks should not be allowed; general and local rubefacients, sinapisms, frictions, etc., are also to be employed conjointly with the administration of the acid mixture.—CARON, Gazette des Hopitaux.
5. DELIRIUM TREMENS, external application of belladonna in. Patient aged 40, in his fourth attack of delirium tremens; no sleep for several nights in succession; suffering under great nervous excitement and commotion, and laboring under all sorts of optical delusions; pulse 120, soft and compressible, the whole body bedewed with a cold clammy perspiration, and the pupils much contracted. Some of the extract of Belladonna was rubbed on the lids, and no sooner had the physiological effect of the drug manifested itself by the dilated state of the pupils, than the spectral illusions became less and less distinct, the nervous excitement and tremors began to subside, and the patient soon became comparatively quiescent and tranquil. He soon fell asleep; slept for two hours; the pupils were then still much dilated; pulse below a hundred, firmer, fuller and of better character; and altogether his condition, mental and corporeal, was much ameliorated. On interrogating him about his recent hallucinations, he replied, "They

ERYSIPELAS.

FAVUS.

GASTRIC IRRITATION.

GOUT.

were all stuff and nonsense; I see no more of them."—GRIEVE, Edinburgh Monthly Journal.

6. ERYSIPELAS, collodion in. In nine cases attacking the head, and in fifty-three occurring in the lower extremities, the affection generally rapidly yielded to a single application; in eight cases alone it seemed to have failed entirely. Emetics were occasionally administered to meet the gastric symptoms. In about twelve hours, the redness and pain were considerably diminished, and usually disappeared after 48 hours, although sometimes the tumefaction remained for a long time.—LANE, Deutsches Clinic.
7. b. This disease has generally been described as an unhealthy inflammation of the skin alone, or of the skin and sub-cutaneous areolar or cellular tissue; this description is too limited; it is not invariably confined to the surface of the body, but may spread from the face to the throat, to the larynx and bronchi, it may migrate from the fauces to the pharynx and lining membrane of the gastro-intestinal canal, or it may suddenly leave the surface of the body and attack the brain and its membranes, leading thereby to special and not unfrequently fatal forms of internal inflammation. The prognosis of the disease is not to be based so much on the extent of the local inflammation as upon the amount and type of its accompanying fever.—HUGHES, Dublin Hospital Gazette.
8. FAVUS, treatment of. R. Sulphur sublimat. lb. ss; Hydrarg. Ammonia-chloride, Hydrarg. sulphureti cum Sulph. aa ℥ss; leviga simul, dein adde Ol. Olivæ ℥iv; Adipis recentis ℥xvj; Creasoti m. xx. Clear away the crust as much as possible, either by fomentations or poultices, and apply the ointment at night to be washed off in the morning. So long as a small quantity of the ointment is applied daily the disease may be prevented from re-appearing, and the condition assumed by the scalp under its influence might easily be mistaken by the inexperienced for one of complete cure. As soon as theunction is suspended the eruption returns. The hair will to a considerable extent grow during the treatment provided that the scalp have not been too much destroyed. This ointment has also been used in scabies and in the contagious form of porrigo.—STARTIN, London Medical Times & Gazette.
9. GASTRIC IRRITATION, opiates in. When Dover's powder cannot be taken owing to the irritable condition of the stomach, give ten minims of the following preparation, which are equivalent to one-eighth of a grain of acetate of Morphine and the same quantity of Ipecacuanha: R. Morphine acetatis, ℥j; Acidi acetici dilut. ℥j. Ft. solutio, et adde Alcohol dilut. ℥vij; Vin. Ipecac. ℥ij. M.—Journal of Pharmacy.

HEMICRANIA. HICCUGH. HYPOCHONDRIASIS. IRON AND MANGANESE.

10. Gout, chemical solvents in. Of all chemical solvents the iodide of potassium is the most useful having so great a solvent power on the lithate of soda, which is the most common impurity in the blood of gouty patients. A concentrated solution of the iodide dissolves the lithate very readily out of the body, and to a much greater extent than when the lithate is recently prepared and the solution is warm. The writer gave it extensively for thirteen years in almost every form of gout, save in the acute, and in almost every case with the most encouraging results. Dose from eight grains three times a day to one grain daily in divided doses. Patients who have continued the small dose for several months, and after carefully watching the effects of discontinuing and resuming its use, the improvement which accompanied and followed its use was really connected with or dependent upon even so small a quantity.
11. HEMICRANIA, effects of Caffeine in. Patient between 80 and 40 years of age, enjoying in other respects good health; the attacks of hemicrania recurred at intervals of two to four weeks, becoming more and more and more aggravated until it reached its height, and was occasionally relieved by emetics. Various remedies had been used without success. Two grains of caffeine were taken as soon as the attack commenced, and the dose repeated three times at intervals of two hours; the pain was relieved, and the intervals between the attacks lengthened.—EULENBERGH, Allgemeine Med. Central Zeitung.
12. HICCUGH. Case of eight days duration; various remedies taken without success. The disease was checked by giving 15 drops of Aromatic Sulphuric acid with 45 drops of currant syrup in three tablespoonfuls of water, every half hour.—OSSIRUX, Annales Medicales de Roulers.
13. HYPOCHONDRIASIS, treatment of. This disease having its seat in the spinal cord, and any organic changes occurring being effects rather than causes of the spinal affection has been rapidly cured by frictions with strong cantharidal ointment along the spine.—MASSON, Gazette des Hopitaux.
14. IRON and MANGANESE, new mode of combining. Take finely powdered Sulphate of Iron $\mathfrak{z}$ iij and $\mathfrak{z}$ j; Carbonate of Soda $\mathfrak{z}$ v; Sulphate of Manganese $\mathfrak{z}$ j and $\mathfrak{D}$ j; White sugar $\mathfrak{z}$ ijss. Dissolve each of the first named articles in a pint and a half of water, mix the solutions well together. collect and wash the precipitate in cold water, and then triturate the pulp with the sugar, and dry it at a temperature of 120° F. The dose is 5 grains, increased to 20, three times a day.—SPREE, Medical Times & Gazette.

Practice of Surgery.

15. BURNS treated by Collodion. Collodion applied to a burnt surface

BURNS. CONSTITUTIONAL SYPHILIS. EPIDIDYMITIS. EPISTAXIS.
FEMUR. GONORRHOEA.

with a camel's hair pencil protects the exposed cutis from the action of the air, and relieves the capillaries from undue distension by giving an uniform support to the part.—BLUMHART, Wurtemberg Correspond.

16. CONSTITUTIONAL SYPHILIS, dilute Nitric acid in. A practical rule in the treatment of constitutional syphilis is never to persevere in a remedy which, after a fair trial, produces no apparent benefit. If the right treatment be hit upon the disease generally yields with surprising rapidity. Again, change the remedy, if after great improvement, the disease comes to a stand-still or appears to retrograde. Iodide of potassium, small doses of the bichloride, iodide, or biniodide of mercury, or the dilute nitric acid, one after the other, will be followed with more good than if either of the remedies were administered continuously. Nitric acid, in the following draught, proved successful after the preparations of iodine had failed: *R. Acidi nitrici diluti m. xxv; Syrupi 3 ij; Quiniæ disulphatis gr. ij; Aquæ 3 j.*—SIMON, London Medical Times & Gazette.
17. EPIDIDYMITIS, collodion in. Five cases are reported as cured by this application; in three a single application was sufficient, and recovery ensuing in 3, 5, and 6 days. Two applications were required in the fourth case, three in the fifth, and recovery ensued on the 16th and 18th days.—LANGE, Deutsches Cl.
18. EPISTAXIS, new mode of arresting. Introduce into the nostril by means of an elastic bougie a small bladder or bag of intestine, inflate it until it fills accurately the nasal fossa. The bladder may be provided with a stop-cock to prevent the escape of the air. [The moment the bladder is fully distended, withdrawing the bougie and securing the opening of the bladder with a good thread will answer the same purpose.]—LEYDET, Revue Medico-Chirurgicale.
19. FEMUR, reduction of dislocated, in the ischiatic notch. Patient is to be chloroformed; forcibly bend the thigh upon the pelvis—this will give greater facility of action, will permit the head of the bone to roll in its new situation, and in a greater degree free it from the spasmodic influence of muscles—when powerful adduction, acting upon the extremity of the femur as upon a lever, and this resting upon the pelvis will raise the head of the bone from its new situation in the sciatic notch, while traction forwards, assisted by rotation of the bone outwards, will bring the articulating surfaces into immediate opposition, then muscular action will generally restore the parts to their normal situation with an audible sound.—STAFFORD, Upper Canada Medical Journal.
20. GONNORRHOEA, treatment of. The bowels are to be freely operated upon by Sulphate of Magnesia, after which a tablespoonful

HEERNIA. KNEE-JOINT. VENEREAL ULCERS. MAMMARY ABSCESS.

the following mixture to be taken three times a day: R. Spts. Lavend. Co. ʒj; Spts. Nrt. dulc. ʒiij; Bals. Copaibæ ʒiss; Spts. Vini Hollandi Oss. M.—Boston Med. Journal.

21. **HEERNIA**, new mode of making Taxis in. Without discarding the auxilliary measures to taxis, as ice, etc., M. BORELLI has adopted a new plan of manipulation in reducing the intestine. With one hand he grasps the base of the tumour and forcibly folds or bends the intestine at its point of exit—the inguinal ring; the other hand supports the most external portion of the tumour. In this position, he endeavours, in making traction in various directions with the fingers of the first hand to draw outwards the upper portion of the intestine, while, with the other hand he pushes inwards the inferior portion of the gut. By these combined movements, he succeeds in imparting to the protruded viscera a half-rotatory motion by which the parts easily recede to the abdominal cavity.—*Revue Med.*
22. **KNEE JOINT**, scrofulous suppuration of the. Child 11 months old; fluctuation at each side of the patella and in the popliteal space; the child had irregular chills and was evidently becoming exhausted by pyemic fever. A free incision was made on each side of the patella, through which a finger might pass; a large quantity of pus was discharged, both femoral condyles were eroded of their cartilages, and bony crepitus was obtained. The constitutional symptoms at once improved; iron and cod-liver oil with a nutritious diet were ordered, and notwithstanding bad hygienic influences the child has recovered, with partial motion of the joint.—*SAYRE*, New York Medical Times.
23. **VENEREAL ULCERS**. Iodide of Zinc has been found beneficial in venereal ulcerations of the nose and throat which had not yielded to the acid pernitrate of mercury. Twist a little cotton wool round the end of a small stick, and having moistened it in the caustic apply it to the ulcer. One application usually suffices to destroy the morbid action, and is to be followed by metallic washes for the throat, and dilute citrine ointment for the nose.—*SEWELL*, Montreal Medical Chronicle.

Diseases of Women and Children.

24. **ABSCESS mammary**. Open the abscess as soon as fluctuation is perceived, draw out as much of the pus as possible by exhausting cups. Then with an irrigator a small stream is thrown into the sac of the abscess, for several minutes; then apply the cups and next again the irrigation, thus alternating till the pus globules are all washed out, and then treat the wound as an incised one, and heal it by the first intention.—*Journal de Med. de Paris.*

ANTERIOR FONTANELLE. MENORRHAGIA. PRURITUS. TRISMUS.

25. **ANTERIOR FONTANELLE**, semiology of the. The condition of the anterior fontanelle if properly interpreted forms an indication of great practical value in the treatment of infants. When the arterial circulation is in a natural state of vigor and activity, the anterior fontanelle is on a level with the surrounding parts; if, from some cause, the circulation be unduly excited it is raised or rendered more tense or prominent; but if on the contrary the circulation be enfeebled, it is lower or depressed below the continuous structures. There is in fact, no sign which so clearly and correctly estimates the state of the vital powers of the infant as this easily recognizable condition of the anterior fontanelle. If, on a tactile examination, it be found considerably depressed, it forms one of the strongest marked evidences that can be encountered of feebleness and debility; for it is an indication of the power at the centre of the circulation being inadequate to the supply of the cranial contents with their normal quantity of blood.—HILTON, Guy's Hospital Reports, vol. viii, part ii.

26. **MENORRHAGIA**, oxide of Silver in. Patient aged 17; thin and anæmic; menses once a week, then again in two weeks, lasting each time from two to three days, and always profuse keeping the patient feeble and nervous. *R.* Oxide of silver grs. liij; denarcotized opium gr. j; div. in Pil. vj. One to be taken three times a day. Nothing could have been more clearly manifest than the beneficial action of this salt upon the abnormal uterus. In 24 hours it arrested nearly all the hemorrhage, and gave tone to the general system, color to the cheeks, hope and confidence to a depressed mind. Having taken the above amount of oxide of silver at a subsequent period, the patient was rapidly restored to former bloom and vigour.—FAULCON, Stethoscope.

27 **PRURITUS VULVÆ**. Apply to the affected parts the following ointment: *R.* Sulphur, 8 grammes; Carb. Sodæ, 4 grammes; Lard, 30 grammes; Chloroform, 4 grammes; Acetate of Morphine, 50 centigrammes; Olive Oil, q. s. The patient to take at the same time a mixture of the red sulphuret of Antimony, sulphur and powdered liquorice root.—VANKEDEM, Bulletin de Therapeutique.

28. **TRISMUS NASCENTIUM**. Child aged 9 days; to be constantly fed when awake with the mother's milk, large warm poultices to be constantly applied to the abdomen; warm bath twice a day and a teaspoonful of the following mixture every two hours: *R.* Tinct. Cannabis Indica ℥ij. camphor water, ℥ij. Child grew worse for several days, until the mixture was given every hour and persevered in. Child recovered, the medicine being continued, three times a day for a few days after the disease had disappeared.—Charleston Med. Journal.

To Readers and Correspondents.

Dr. J. G., Mount Lebanon, La. The LANCET was ordered and paid for by our mutual friend, Dr. Z. T. MURPHY, of Salem, Alabama, on the 9th May. Your dollar of the 27th Aug. will be returned to you or placed to your credit for another year. Let us know.

Dr. W. H. H. P., Frankfort, N. Y. Many thanks for your very kind letter. As requested the March Number has been forwarded to your address.

Dr. W. M. S., Litchfield, N. Y. Your order has been attended to.

Dr. D. B. O. S., Concord, Georgia. Change of address made.

Dr. B. G. H., Wahalack, Miss. Remittance received, and order forwarded to New York.

Dr. J. A. W., Jacobsburgh, Ohio. To Plattsburgh as formerly. Thanks for your exertions in favour of the LANCET. We wrote you on the 10th September.

Dr. J. B., Birmingham, Conn. The LANCET sent as directed to Dr. S. R. W. Will be pleased to receive the communication you allude to.

Dr. J. W., Calais, Maine. We have Drs. L. M. S., and S. B., as subscribers in your place, and the amounts forwarded by yourself. There may possibly be an error in the name, and two copies sent where there should be but one. Please inform us, and the matter will be attended to at once.

Dr. J. M.; R., Sparta, Mississippi. Sorry that we cannot do it Doctor. We have an invariable rule, strictly in advance. We can supply you with Numbers from April at the original price, fifty-cents a Volume.

Dr. A. G. B., Elizabethtown, Indiana. With much pleasure. Send them on.

Dr. G. B., Trois Rivières, C. E. Numero pour Juillet vous a été adressé de Montreal.

Dr. S. B., Plainfield, Vermont. We will make the necessary enquiries from the Publishers. Your order had been sent on previous to the receipt of your letter of Aug. 19th.

Dr. W. Z. M., Williamsville, Ohio. Your last letter with \$1 received. The first without the money was in your hand writing and unopened.

Dr. A. D. Head, Butternuts, N. Y. We have written you and forwarded a duplicate of the March No.

Dr. H. C. M., Clymer, N. Y. A private letter has been addressed to you.

Dr. Chs. H. H., Farmington, N. H. Good on our books until next April. We will study the matter you refer to in your letter and report in our next. Had you better not send a detailed report of the case?

Dr. J. A. W., Washington. N. C. Thanks for your kind favour and enclosure. Regret much to hear of the death of Dr. G., of Sladesville.

Dr. J. B. T., Racine, Wisconsin. The following is the preparation of the Turpentine soap referred to in yours of the 19th Aug:

R. Dry Carbonate of Potassa,	}	aa.
Oil of Turpentine,		
Venice Turpentine.		

Triturate the potassa with the oil, and then with the Turpentine, until the mass has attained a proper consistency. This preparation is also called Starkey's Soap.

NELSON'S

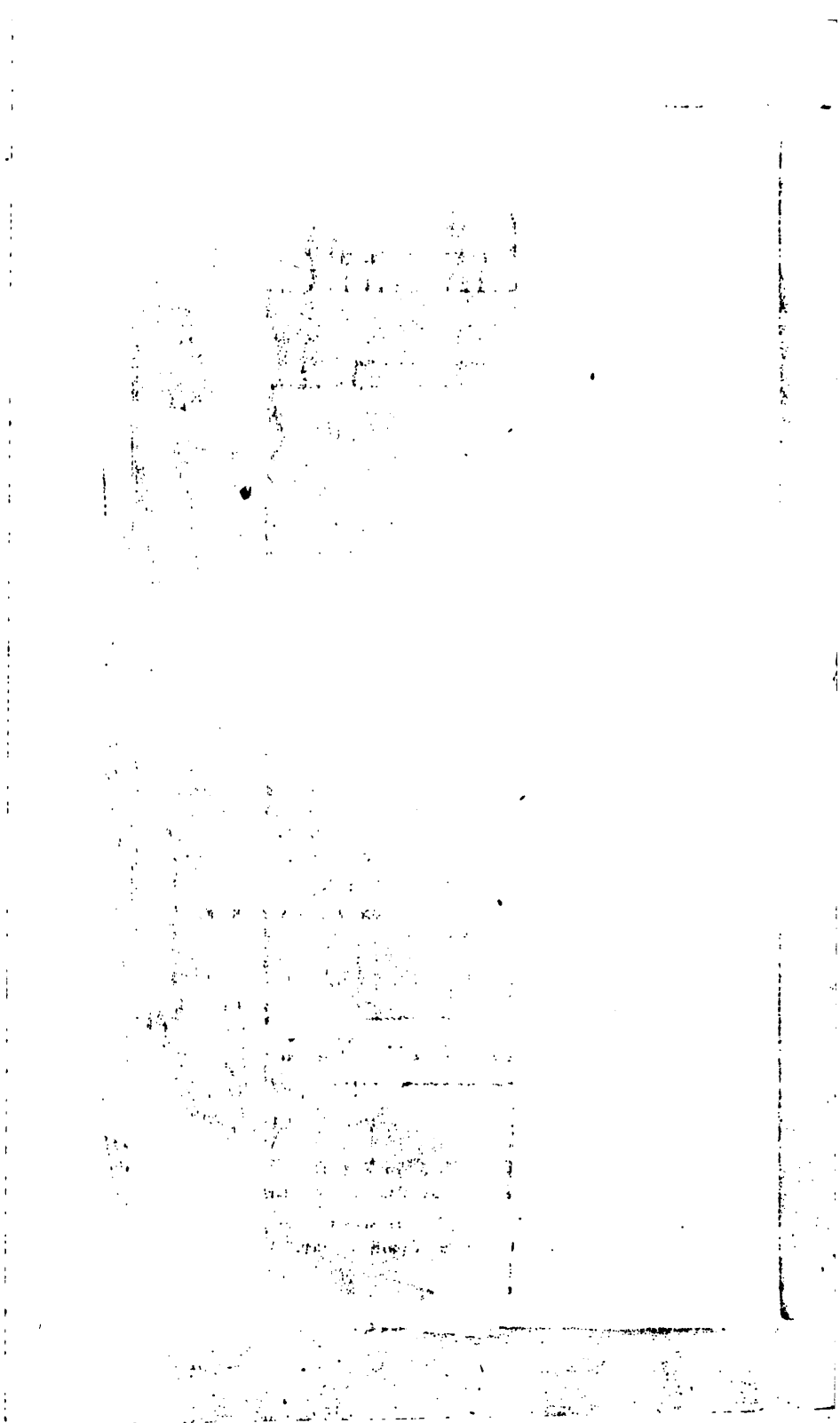
AMERICAN LANCET;
A MONTHLY JOURNAL
OF
PRACTICAL MEDICINE.

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Original Department.

Art. III.--European Correspondence.

Paris.—The Medical Profession.—Dr. CHAILLY.—Hôpital du Midi; Dr. RICORD.—Hotel Dieu; Prof. TROUSSEAU; Uterine hemorrhage; chorea; Ecole de Medecine; Prof. MOREAU.—Dr. JOBERT DE LAMBALLE; Carcinoma and the "Fer rouge."—Academy of Medicine; albuminuria in connection with Puerperal Convulsions; M. M. DEFAUL and CASRAUX. BEDFORD ON Uræmia.

Paris, June 20th, 1864, Hotel Maurice.

DR. NELSON.

Dear Doctor:—Here I am in the great Capital of France, which in the estimation of French, is without a parallel any where; and indeed, I am disposed to believe there is much force in the expression, "il n'y a qu'un Paris." What is there in this sublunary world of ours, which is not to be found in Paris—if you seek general Science, you have it; if you delight in the fine Arts, your taste will be gratified; if you are fond of vacillating opinions, here they are in abundance; if mere animal pleasure be your object, all the elements are here in rich profusion; if you love nonsense, you can have it in each and every form you may desire; if you seek for eloquence in the pulpit, and love to listen to heavenly music in the sombre but stately cathedrals, which carry you back to the historical associations of the past, here there are ample facilities for that pleasure; in a word, if you rejoice in the multiplication of public charities for the sick and infirm, and love to witness what true Science and skill are doing to give health to the diseased, and palliate the anguish of the incurable the entire world presents no richer field for the contemplation of these God-like works than the City of Paris. In the latter most of my attention shall be concentrated, and, therefore, I propose giving you a hasty digest, of what I have and shall see as connected with the wants of the poor, and the restoration of the sick through the skill of the Surgeon and physician. Is ours not a glorious Profession? If it be one of toil and anxiety, is it not, too, one of pleasure? If he who wins a battle, and rides triumphantly over the bodies of the slaughtered thousands who lie dead before him, and who have been stricken down by his prowess and skill in arms, feels pleasure and exults in the pride of victory; how much more rational, how much more humane, nay, how much more sensible and endearing the pleasure and triumphs of him; who, through years of faithful study, and unremitting self-sacrifice, has qualified himself to give to man the greatest of all boons—health! If the physician, through

laborious duty, and constant exposure, often times finds an early grave, is not that grave doubly sacred because of the fact, that he who occupies it is prematurely there, from over exertion in the cause of humanity? And yet how often does it happen, that the only flowers which spring from that grave are those, which have been watered by the tears of his widow and orphan children! It is true, there is but little glitter in our profession—it lays no claim to tinsel—but it prides itself in the solid and lasting acts it performs towards society. It is also true that the physician, in his rounds of duty, and in the benefits he confers is almost without witnesses—he has not the gaze of the multitude, or the plaudits of the masses to cheer him onward in his oftentimes loathsome duties, for they are performed in the chamber of pestilence, and in the lonely hovel. I have been unwillingly betrayed into this digression, but it is so full of truth, that I am sure I shall be pardoned.

I arrived in Paris on the 2d day of June, and on the following morning I had the pleasure of a visit from Dr. CHAILLY, whose work you will remember I translated and edited some years since, and which I am glad to find, has reached its sixth edition. My interview with the Doctor was an extremely agreeable one, and he manifested a kind disposition to do all in his power to serve me during my sojourn in Paris. He is a practical man; is fond of his profession, and is especially devoted to his department—Obstetrics. Poor man! he is badly stricken in spirit, having a few months since lost an only child—a lovely daughter, who had just attained her 18th year. A severe blow, truly, and one which seems to have taken a deep hold of the Parent.

Several times in conversation, he would exclaim, "*Ah! Mon ami, ma pauvre fille, ma pauvre fille, elle est morte! elle etoit l'idol de mon cœur!*" I did all that circumstances would permit to break the chain of thought, which was ever evidently oppressing him, but I soon discovered that I could only measureably accomplish my object.

Monday June, 5th. This morning Dr. CHAILLY called at 1-4 before 8 o'clock, and conducted me to the *Hopital du Midi*, with which you are aware is identified the fame of RICORD. Dr. CHAILLY and RICORD are very intimate friends. We arrived at the Hospital five minutes after 8 o'clock, the hour at which Dr. RICORD commences his rounds through the various wards. We found him in one of the wards, surrounded by about twenty pupils, and discoursing with much earnestness on his favorite subject. On being presented by Dr. CHAILLY, I was very kindly received and he remarked that he was always glad to see Americans, as theirs was his native country. Yes, I replied, I am aware that you are an American, and I am happy to claim the place that gave you birth—Baltimore, as my own native city. I told him he was not only recognized by my countrymen as an American, but that throughout the extent of the land wherein medicine was practiced, he was known and honored for his immensely valuable contributions to the speciality to the elucidation of which he had devoted his life. Dr. RICORD is an extremely agreeable man, and unquestionably possesses great eloquence. I watched him

closely as he passed from bed to bed, and I soon perceived that whenever a case presented itself, which called for any allusions to his peculiar views, his eye lighted up, a smile, as it were of conscious triumph played on his countenance, whilst his tongue most eloquently articulated his thoughts. We passed through four wards, each probably containing forty to fifty beds, and each occupied by a patient presenting some one or other of the phases of the venereal disease. I was struck with the adroitness of the Doctor in introducing the bougie; he has the entire confidence of his patients, and much to my surprise, was gentle and kind in all instances where any operation was required, such as the introduction of the bougie, opening a buboe, etc. He employs quinine frequently and he informs me with entire success, the red hot iron in cases of buboe. Indeed, the *fer rouge* is at this time a popular remedy in Paris. It is almost as great a favorite as is chloroform in certain quarters; I will not say at this moment whether it has been more or less abused than the anæsthetic, but on another occasion I may allude to this subject. The iodide of Potassium is a favorite remedy with Dr. RICORD, and deservedly so. Where have we a more certain agent, when judiciously employed? The Hopital du Midi is exclusively devoted to male patients affected with the venereal disease—whilst the females are provided for in the prison of St. Lazare, and in a special Hospital—the Lourcine. I saw much to interest me in my visit to the Hopital du Midi, and I was much gratified as well as profited by the sound practical remarks of Dr. RICORD at the bed-side. I left him with many thanks for his civility, and a voluntary assurance on his part, that he would do me the honor of a visit the next day.

Tuesday, June 6th. This morning I visited the Hotel Dieu, being most anxious to see and hear Dr. TROUSSEAU, who, you know, succeeded Dr. CHOMEL as clinical Professor in that establishment. To succeed CHOMEL worthily, and fulfil public expectation was no easy task—he had enjoyed for years a European Reputation, and was deservedly regarded as one of the great lights of the French School. His long connection with the Hotel Dieu, and his eminently practical lessons had endeared him to thousands of grateful pupils, and it was, therefore, reasonable to suppose that failure at least to a certain extent, would be the fortune of his successor. Has this anticipation been realized? No! and yet who but the eloquent and learned TROUSSEAU could have proved himself worthy to succeed the no less eloquent and learned CHOMEL? I shall not tell you I was pleased with TROUSSEAU—if the word did not seem out of place, I would say I was charmed with him. He is my beau-ideal of a clinical Professor. As he passed from bed to bed, you could plainly see that the great master was there—his examination of the patient, his remarks on the strong points of the case, in a word the tout ensemble of the man under those circumstances could not but have impressed any one present with the fact that TROUSSEAU is not only an accomplished physician, but a most eloquent commentator of disease as it exists. He was followed in the wards by about fifty Students—and at 9 o'clock he

gave a clinical lecture in the amphitheatre of the Hospital, which was listened to with unbroken attention by a class of over one hundred pupils, who were anxious to hear their great master's exposition of disease. From the numerous cases, which were in the wards, he selected two for the basis of his lecture—1st. Uterine hemorrhage in a woman, who had miscarried at three months; 2d. Chorea in a girl aged 6 years. In the management of the former case, he dwelt with emphasis on the importance of the tampon—and in speaking of this agent I was glad to hear him say that it should never be employed in hemorrhage at full term after the birth of the child. RIGBY has insisted upon the opposite practice, but with no good reason, and certainly with oftentimes the most perilous if not fatal results to the patient. I have frequently in my clinique spoken of the danger of the tampon in such cases—it does nothing more than convert an external into an internal hemorrhage, and thus deluding the practitioner into false hope, the work of death goes on, and the patient speedily sinks. The observations of Dr. TROUSSEAU on chorea were extremely interesting; he spoke very fully of the etiology of this affection, of its pathology, its complications, treatment, etc. On the subject of complications he alluded to the occasional connection between chorea and rheumatism, and expressed very decidedly the opinion that whenever a young child has been attacked with rheumatism, it is extremely common for chorea to develop itself in one or other of its forms. He spoke at much length on this subject, and gave some statistical tables to prove his point. This question of coincidence between rheumatism and chorea has of late occupied much attention—and I think the most complete memoir on the subject is that of Dr. SEE which received the high approbation of the French Academy of Medicine in 1849. I have already alluded in clinical lectures to this excellent memoir, and have also given the results of Dr. SEE's investigations on this subject. He is clearly of opinion that there is a connection between the two affections. In alluding to the treatment of chorea, Dr. TROUSSEAU spoke with bitter satire of those, who have recourse to specifics in the management of this disease—he was unmerciful—and is he not right?—in his comments on what may properly be termed the arsenic, zinc, iron and other specific Doctors. Dr. TROUSSEAU takes a rational view of chorea in regard to the nature of the therapeutic agents indicated—he believes it to be a disease due to various causes, and recommends before having recourse to remedies, a full investigation of its etiology. This is common sense, and as such will meet with the approbation of all, who believe in the truthfulness and stability of rational medicine. He made allusion to strychnine as an agent sometimes employed in chorea—he spoke of its having occasionally proved successful in his hands—but I was happy to find that he did not omit also to caution his class against the ill effects which often result from the use of this powerful but valuable remedy. I had an opportunity of but a few minutes conversation with this distinguished man, but those few minutes were enough to assure me that he is no less remarkable in private life for courtesy, than he is in his office.

ial position for eloquence and lucid description. I left him deeply impressed in his favour, and not without a promise exacted by him that I should not fail soon to call and see him, which promise I shall faithfully perform for the reason that I am most anxious to see Dr. TROUSSEAU under circumstances which will enable me to have, if possible, an hour's talk with him.

Wednesday, June 7th. I had the pleasure to day of a visit from Dr. RICORD, but regretted extremely that I was not at home. The hour at which he called found me in Dr. PAGOT's lecture room, where I listened to an excellent lecture on instrumental delivery. To-day, also, I went to the Ecole de Medicine for the purpose of hearing Prof. MOREAU, who is Professor of Midwifery in that establishment. He lectured on the signs of pregnancy; his class was not crowded; he is, I have no doubt, a man of Science, and skillful in the sick room, but I must confess, that there is not much interest about him as a mere lecturer. He did not seem to excite in any extraordinary degree, the attention of his class.

Thursday, June 8th. This morning I again visited the Hotel Dieu for the purpose of attending the clinique of Dr. JOBERT DE LAMBALLE who has written so well on the treatment of vesico-vaginal fistula, and plastic Surgery. Dr. JOBERT has, as you know no ordinary reputation, and he is the great advocate of the "fer rouge" in carcinomatous affections of the uterus. He employs it almost altogether in these maladies—and his success is said to have been marvelous. Of this latter fact I am not so certain—I wish more reliable data than have yet been exhibited, to convince me that the red-hot iron is the infallible remedy for carcinoma. It appears that as far as it goes, Dr. JOBERT's success with this agent was very marked—but there is no proof, at all satisfactory to my mind, that the success consists in anything more than a temporary suspension of the disease. For example, women laboring under this affection, enter the ward—several applications of the "fer rouge" are made—under this treatment, the patients improve—there is a palliation of all the symptoms, etc.—sometimes, indeed, such is the change produced by the applications that the patient is pronounced "guerie"—in either case, when simply relieved, or when pronounced cured, she leaves the Hospital. But in most instances, nothing more is heard of the case—and in the absence of all knowledge as to the future of the patients, she is recorded as cured of carcinoma uteri by the red hot iron! This, I repeat is not satisfactory—the basis is not broad enough for any positive Scientific opinion on so important and vexed a question as the possible cure of cancerous disease. With all my heart, I wish I could see in the red hot iron a certain remedy for this loathesome and sickening malady—I would welcome it to the profession and humanity as a boon no less valuable than the vaccine of JENNER—a boon that would enable the physician to rescue suffering woman from the most fearful of all the diseases incident to her sex. But if, in the absence of permanent cure, the "fer rouge" will check, for a time, he progress and allay the distressing symptoms of carcinoma, it should be recognized, under these circumstances, as an agent of no mean value.

and Dr. JOBERT DE LAMBALLE in establishing the fact, should be entitled to the thanks of the profession.

I wish I had the time to tell you all I have seen, and intend to see in the various Hospitals, especially those devoted to the treatment of diseases peculiar to women and children. These Institutions offer a rich field for observation, and although there is much to see and learn, there is also, in my opinion, in the way of practice, much that will not stand the test of accurate clinical observation. I avail myself of my opportunity of seeing and hearing all that is interesting in my department, for whilst I am most anxious to learn, I am at the same time desirous of instituting comparisons between things here and in England, and things at home. I tell them all "there is one among them taking notes," and you would think so, if you could see my budget, which is already of no insignificant size. I have great faith in careful observation in medicine, and still greater faith in that particular kind of observation, which consists in the just separation of well ascertained truths from mere hypothesis—the former will prove guides in our Science whilst the latter too often resemble the banes on the church steeple, things without fixedness, but responsive to every current of atmosphere that may reach them. The maxim of MONTAIGNE is full of truth :

"Ce n'est pas assez de compter les experiences, il les faut peser et assortir, il les faut avoir digérées et alambiquées pour en tirer les raisons et les conclusions."

The French Academy of Medicine have been engaged during the last few months in the discussion of some interesting questions ; among them, the subjects of albuminuria in connection with puerperal convulsions, and the "uterine redresser." M. MASQUEREL has written a most elaborate paper on the former subject—on which paper M. DEPAUL has made to the Academy an extremely interesting report. The chief feature in the report consists in the fact of the discussion, which ensued between M. M. CASEAUX and DEPAUL. The former has contended for some time that albuminuria is constantly recognized in women affected with eclampsia—and he has also maintained that albuminuria is the essential cause of puerperal convulsions. CASEAUX was not alone in his opinion, and it was therefore, a point of more than ordinary interest to determine the fact negatively or otherwise. DEPAUL shows very satisfactorily that there have been cases in which eclampsia has occurred without there being the slightest trace of albumen in the urine before, during and after the attack. Such cases have been observed by himself, LEVER, DUBOIS, and others.

Again, observes DEPAUL—if albuminuria in pregnant women, as is pretended, be the essential cause of puerperal convulsions, how is it that albumen is so frequently detected in their urine, and that relatively convulsions are so rare? In 41 women affected with albuminuria observed by Dr. BLOR at the Maternité, 7 only were attacked with eclampsia. This certainly does not prevent the strength of cause and effect. Again, there is another point urged by DEPAUL, as I think with great force—he asks

whether in cases of convulsions in which albuminuria has been recognized, it has always been ascertained that the albumen existed previously to the eclamptic paroxysm? This is unquestionably an important enquiry—and he states that he has known of two well-authenticated cases in which albuminuria did not exist in the urine until after the development of the convulsion. The cause of albuminuria in pregnancy has also been examined in this report of DEPAUL's—he rejects the opinion entertained by many that albuminuria is always due to nephritis, and he believes that the true point of departure is to be found in the changes, the blood undergoes during gestation. In reply to DEPAUL, M. CASEAUX remarked that he had reason to change his views in reference to the constant coincidence between eclampsia and albuminuria, as he had himself met with some exceptions; he also remarked that, although he did not believe that albuminuria was always due to disease of the kidneys, yet he was of opinion that the latter was more frequently the cause of the passage of albumen in urine than was admitted by M. DEPAUL. I have been particularly interested in this discussion, for the reason that the positions assumed by DEPAUL in his report, which was made to the Academy in Dec. 1853, are coincident with those I assumed in a brochure entitled "Thoughts on Uræmia," which I published in July 1853.

In that brochure you will find on page 4 the following language :

"Recently much has been written, and questions proposed by learned academies respecting the connection between albuminuria and puerperal convulsions; and writers are almost unanimous in the opinion that albuminuria is the cause of these convulsions. Now, we contend that puerperal convulsions are nothing more than uræmic phenomena, as is proved by their causes, symptoms, diagnosis, pathology, etc. If then puerperal convulsions be the result of uræmic intoxication, they are not necessarily produced by albuminuria. There is often a co-existence of puerperal convulsions, albuminuria, and œdema, general or local; but each one of these conditions may, and has existed irrespectively of the other."

Again at page 20, the following is one of the conclusions at which I arrived : 3d. "Diseases of the kidney will often produce albuminuria, but in a great many cases albuminuria exists without true disease of the gland, and as a consequence of an active or a merely passive congestion; and it will also result from a variety of nervous disturbances."

I must now draw this long and miscellaneous letter to a conclusion. It has been written, the internal evidence of which is conclusive, in haste and without any attempt at arrangement and you must, therefore, take it for what it is intended to be—a mere glance in the rough of impressions.

Yours truly,

G. S. BEDFORD.

Art. XXX.—Case in Midwifery Practice.

Dr. NELSON.

Dear Sir :—Inclosed you will find one dollar, the renewal of my subscription for the coming volume of your excellent Journal, I am well pleased with it, especially your "Monthly Record" which saves us no little reading, though no doubt its preparation entails considerable labour on you.

I take the liberty of sending (to be disposed of as you think proper) the following :

CASE.—In October last I was called to see Mrs. C——, aged 30, and in about the eighth month of her first pregnancy, and found her annoyed by a constant diarrhoea compelling her to rise four or five times during the night and about as often in day time ; the evacuations were attended by little pain or constitutional disturbance. As she was apprehensive of premature labor I prescribed astringents with camphorated tincture of opium. Her husband called in two or three days saying that she was no better ; suffice it to say that the diarrhoea continued for one month in spite of the occasional use of the most active astringents, and the general health suffering but little save from the want of rest and sleep.

In one month from my first visit I was called to attend her in labor ; it was mild and resulted in the birth of a fine boy ; the placenta was immediately detached, and on removing it I noticed two cords inserted less than one inch from each other. My attention being thus enlisted I made a second examination, and found another child presenting by the head, which appeared to be broken down—the scalp a mere bag of water—and delivered a dead and putrid child. The bones of the cranium were found separated and floating in the brain, the scalp was of a dark colour, and the cuticle easily detached from every part of the body ; the scrotum was nearly detached, and it and the penis were black and denuded of cuticle ; the extremities were pale and shriveled ; the head was not opened, and the child appeared to be in the seventh or eighth month of uterine development.

Now, Sir, the peculiarities of this case are its connexion—if it has any—with the previous persistent diarrhoea : and the fact of a healthy living child sojourning with a dead and putrid one, and with one placenta for the two. As cases of this description are not of common occurrence in practice, I am induced to report it for the LANCET, hoping that some of your numerous Correspondents may have met with similar instances, in which event they may possibly throw additional light thereon.

Respectfully yours,

JOHN McNEIL, M. D.

Salem Cross Roads, Pennsylvania, September, 1864.

Art. II.--"The Case of Partial Detachment of the PLACENTA."

DR. NELSON.

Dear Sir:—When a Medical case is thought sufficiently interesting to appear in a Public Journal it ought to contain something which will act as a guide under similar circumstances, or as a beacon to warn others of the danger of following a given line of treatment.

In your LANCET for July there is a case by J. BURKE, M. D., of New York, which may well serve in the latter capacity to all of your Readers who may have the fortune to meet such another; I allude to the case of "Death from partial detachment of the Placenta." I beg, by your permission, to make a few remarks on the treatment employed, and on what, in my humble opinion, ought to have been done in the case alluded to.

We are told that the patient was seized at 8 P. M. on a Tuesday, with pain in the abdomen and syncope, and was seen by Dr. BURKE one hour afterwards, he "found her vomiting; pulse 120, small and thready; skin cold and clammy; no pain in the back, no dilatation of the os tincæ." He says: "I ordered stimulants internally and externally to bring on reaction." He saw her again at 9 P. M., there was no change for the better but "intense pain in the abdomen which was also tympanitic, ordered a Turpentine and Assafoetida glyster; a large dose of Brandy and Opium to be given at intervals." Saw her again at eight next morning, with Dr. O'REILLY, "pulse 130; skin cold; occasional vomiting; pain in the abdomen not so severe as yesterday, nose pinched and sharp." They "agreed that the case was hopeless, though we were not so sure of the cause of her illness. She died at twelve, midnight."—that was thirty-three hours from the first attack, and thirty-two from the time Dr. BURKE saw her first.

Now, I would like to inquire, what indication was the treatment intended to fulfil? What were the stimulants intended to do? to bring on reaction we are told; then Dr. BURKE must have supposed there was collapse; but what was to cause this sudden sinking of the powers of life, in a young healthy female, who only four hours before had eaten a hearty meal? Surely when this question occurred to the mind of the Medical man, as it must have done, only one answer could have suggested itself, namely--hemorrhage; the sudden faintness, pain vomiting, acceleration of pulse, cold clammy skin, could point to nothing else; what then could simply giving stimulants do?—They would cause no coagulum to form, close no open mouths of bleeding vessels; it was merely treating a symptom.

It was evident first—that the sinking could not arise from Peritonitis, it was too sudden in its accession; secondly, it is as certain it could not be Enteritis; thirdly, the general symptoms were those of profuse hemorrhage, and that hemorrhage could only be from the uterus, and none

being visible it could only be internal. Now, I beg to inquire, what a treatment restricted to brandy and opium could do in such a case even aided by an assafoetida and turpentine injection, and for thirty-two hours nothing further was done—the woman dying, bleeding to death in fact—and two scientific men looking gravely on!

Now, in my opinion, and I flatter myself in that of most medical men, the course to be pursued would have been to have ruptured the membranes, there could have been little difficulty in that; give *Secale Cornutum* $\mathfrak{Dj}$ hourly, and if uterine action did not soon supervene apply and keep up a galvanic current on the spine and abdomen, or even the cervix uteri—if galvanism is applicable in Obstetrics at all, it must be in such a case as this.

A case almost exactly similar, will be found in BRAITHWAITE'S *Retrospect*, No. 28, page 183, and although it ended fatally, still a rational attempt was made to save the woman, though at the same time I think the treatment in that case was not quite as judicious as it might have been.

In LEE'S *Midwifery*, page 363, we are told when treating of hemorrhage before the commencement of Labour, that—"There may be a great internal hemorrhage accompanied with the ordinary constitutional effects resulting from loss of blood—as faintness, sickness or vomiting, coldness of the extremities, rapid feeble pulse, hurried breathing—when there is little or no discharge from the vagina to excite alarm or to point out the source of danger when it is extreme. It is from the general symptoms of exhaustion and by the disagreeable sense of uneasiness, weight or distension of the Uterus experienced, and not from the quantity of blood which appears externally, that we are led to discover the true state of the patient—to suspect that internal hemorrhage is going on;"—and once the existence of hemorrhage to any amount sufficient to cause constitutional effects is ascertained, be it either external or internal—in the latter months of pregnancy, and the Placenta not being the presenting part, there can surely in the year of Grace 1854 be no discussion or question as to what is the proper mode of treatment—viz: to induce uterine contraction as speedily, as effectually and as permanently as the circumstances of the patient will admit of, and this is surely believed by the majority of Medical men to be best accomplished by rupturing the membranes, the exhibition of the Ergot and if these fail by Galvanism—more speedily than by any other means as yet discovered.

I am,

Sir,

Most truly yours,

ARTHUR PATERSON, Surgeon.

Woodstock, Canada West, Sept. 18, 1854.

Art. X.—Teases from the Editor's Case-Book. No. I.
INFLAMMATION AND COMPLETE OCCLUSION OF THE
VAGINA. OPERATION.

In July of the present year I was consulted by Mrs.—, aged 23 years, 3 years married, and having been delivered of a still-born child thirteen months previously under the following circumstances: The labour had been long and tedious—one eighteen hours of unremitting pain, allowance, however, is to be made for this assertion—and the only assistance she could command was that of an old french would-be midwife who did aught else than follow the abominable practice—resorted to by many practitioners—of “helping” the patient, *i. e.* the constant passing in and drawing out of the finger or hand from the vagina. The principal objection—and a serious one it is—to this procedure is the reiterated irritation induced in the soft parts by robbing them of the mucosities so freely poured out by Nature to facilitate the passage of the child. But to return: a dead child was delivered followed in a short time by the placenta. The lochial discharge was pretty free for some few days when it was succeeded by pain and heat in the vagina, scalding in passing the urine and a profuse purulent discharge. To remedy this state of things various washes and injections of astringent decoctions were employed with the effect of diminishing and ultimately of entirely arresting the discharge; the cure, however, was more perfect than had been bargained for—adhesive inflammation had united the vaginal walls and completely obliterated the canal. The patient became aware of her situation some weeks after confinement, and in this plight consulted her *accoucheuse* who was satisfied to give up the case with a recommend to try some doctor. Application was consequently made to two physicians—the true state of the matter being concealed from them—for remedies to restore the menstrual function, the patient presuming that with its return the other impediment would give way. Many remedies were prescribed and ordered but, as common sense will dictate, not only without success but with an evident increase of physical, if not of mental, disturbance.

She was now induced to call upon me; and after a close and long conversation she partly admitted what she thought the trouble was, adding at the same time that she never would submit to an examination and still less so, if it were deemed necessary, to an operation. My reply was short: “Madam, you may have your own way;” and another call awaiting me, I wished her good morning, exacting, however, a promise if she overcame her false and sinful delicacy to favour me with another visit. This summary manner of disposing of the case had the desired effect; in a couple of hours she returned and readily submitted to an examination.

On attempting the separation of the labia majora I found them so closely and firmly adhering to each other throughout their extent from opposite the meatus urinarius to the fourchette that there was in fact no commissure. There was a very small orifice, scarcely large enough to ad-

mit a probe, one or two lines above the outlet of the meatus urinarius, and through which the patient informed me the urine was discharged directly upwards in a small stream. Enlarging this opening a trifle I was enabled to pass a female catheter in the bladder and the left index finger was introduced into the rectum, when neither finger or catheter could be brought sufficiently near to detect one another. There appeared to be a space of one inch or more between the two. Here was a pretty state of things indeed to favour the action of emmenagogues! The abdomen was enlarged to the size of a woman in the sixth month of pregnancy and the enlarged and hardened uterus could be clearly defined through the abdominal walls. An operation being proposed was acceded to by the patient, and, with the assistance of the husband, was performed in the following manner: The patient being placed in the position for lithotomy a straight sound was passed into the bladder and entrusted to the assistant with directions to draw the urethra as much as possible upwards under the arch of the pubis, while I introduced the left index finger into the rectum. Then with a narrow scalpel I commenced making an incision from the small opening above to within three lines of the anal orifice below—the extent of this incision being deemed proper to guard against too great an amount of contraction in the processes of granulation and cicatrization. Alternately guided by the sound and finger I continued the dissection upwards and backwards following the curvature of the sacrum cutting through solid and firmly organized tissue. Examining now the progress I had made, the right index finger could be introduced its whole length in the wound, and yet no cul-de-sac of the vagina could be discovered and much less could I feel the os tincæ. I was now enabled to ascertain that I was leaving a clear space of about a quarter of an inch for the walls of the new vagina between the urethra above and rectum below. Cutting for about one inch more my knife suddenly encountered no further resistance, and immediately a gush of grumous blood told me that the operation was completed. There was but little hemorrhage; the vagina being thoroughly syringed with cold water till there was no more bleeding I introduced—well oiled—a speculum, and discovered that all but half an inch of the vagina had become implicated in the adhesive process, and there was some oozing from the mouth of the womb. A number 5 bougie was gently introduced through the os tincæ, and some thirty ounces of dark sanious blood—the accumulated product of ten or twelve menstrual periods—were discharged. Numerous small balls of cotton wadding well oiled were pushed up the vagina distending it to its utmost. The patient was now directed to return home—private reasons not permitting of her remaining in this Village—with the injunction of removing the tampon night and morning, syringing out the vagina with tepid water, and plugging it up anew. She faithfully followed the directions for three weeks, when she reported herself at my Surgery. An examination satisfied me that the operation was entirely successful, there, was little or no contraction, the parts were entirely healed, and as good a vagina had been made as the most fastidions could desire.

There are a few practical deductions to be drawn from this case, but as I am admonished of the calls upon the pages of the LANCET by some of its able Contributors, they will be postponed to the next Number, and in publishing them with another leaf from my Case-Book, I will briefly detail the circumstances attending a very singular case of deception—almost an imperforate vagina—in a young woman three weeks married. Plattsburgh, N. Y., October, 1854.

**Art. IV.--On Prof. Liebig's Recent Improvement in the
PREPARATION OF BREAD, AND A NEW BROTH PREPARED
FOR INVALIDS.***

BY HENRI ENNI, ESQ., PH. D., PROFESSOR OF CHEMISTRY
IN THE UNIVERSITY OF VERMONT.

The custom of using leaven for bread-making is, though one of great antiquity, the most rational and practical one that can be proposed even at this day; it frequently, however, happens, that from the want of proper care and experience, the bread assumes a sour taste and odour.

The vinous fermentation† passes occasionally into an acid fermentation, acetet and lactic acids being disengaged, the last more particularly remaining in the baked bread. Prof. LIEBIG lately performed a series of experiments tending to improve the preparation of bread, and from which he deduces the following results:

The only effective and of itself innocuous means of improving essentially the qualities of wheat and rye bread, even when made of an inferior article of meal, is *lime water*. In making dough, to every five pounds of flour add one pound (one pint) of clear saturated lime-water.‡ Pour the lime-water in first on the flour, and then add a sufficient quantity of common water to work the whole into good

* Allgemeine Zeitung, 1854. No. 156, 174. Chemisch-Pharm. Central Blatt, July 1854. No. 33.

† Leaven, i. e., Gluten in an incipient state of putrefaction, when mixed with fresh dough, changes a part of its starch into dextrine and sugar, which latter, being brought into contact with yeast, is decomposed into alcohol and carbonic acid. These products volatilizing in baking render the bread light and spongy, and consequently much more digestible. In England they commence to employ for the same purpose bi-carbonate of soda and hydrochloric acid mixing the two in the dough, in proportions to form, kitchen salt; this operation is very successful when properly conducted, and thereby the bread attains porosity not at the expense of a part of the starch in the flour.

‡ Lime water is easily prepared by agitating cold water with an excess of hydrate of lime (slaked lime) in a tightly corked bottle; after subsidence we simply pour off the clear liquid, and adding fresh water to the lime for future use.

dough; fresh leaven requires somewhat less, older leaven a little more lime-water.

Subsequent observations from other sources show that rye bread requires more lime-water and more common salt than wheat bread, that is nineteen pounds of rye meal are to be mixed with five pounds of lime-water. This method effectually prevents the bread from becoming sour, and removing thereby the only objection against rye bread—its not being suitable for debilitated digestive organs as wheat bread. Finally the free lime forms with the phosphoric acid of the flour phosphate of lime, the absence of which in bread, appears to be the reason why animals cannot live when they are for a long time exclusively fed with bread.

If the favorable effects of the Phosphate of lime § in scrofulous children, as observed by Dr. BENECKE and others, should be fully confirmed, great benefit might be derived in families by adopting this quoted preparation of bread; abstractedly from this important physiological point, this bread is represented as having an excellent taste, and to be very light and digestible.

The addition of certain ingredients by bakers, such as alun in England, and blue vitriol in Belgium, improving in a manner not yet fully explained the appearance of the bread, are decidedly injurious to health; the same must be said of the salæratus (bi-carbonate of soda) so universally employed in the United States for the double purpose of removing the sour taste from the bread and of making it rise by the liberation of carbonic acid when brought into the oven. As lime water and yeast mixed with the dough, as has been indicated, serve the purpose much better, we must hope that salæratus will soon be entirely dispensed with. We may here mention that many spurious and hurtful articles of yeast are sold, and made up of cream-tartar and carbonate of soda or similar compounds, while brewer's or home-made yeast consists of vegetable cells.

The preparation of broth, we will immediately describe, was first proposed by LIEBIG in a severe case of Typhoid fever occurring in his own house. His prescription has since been adopted in the Munich City hospital and has received the approbation of some of the most distinguished

§In its importance upon the animal economy this salt stands at the head of all others: we see Rachitism when the system is unable to obtain the necessary quantity of bone-earth, or when as during certain physiological processes—pregnancy and dentition—a larger amount is consumed. We need only to recall to mind that Rachitis frequently, if not always develops itself at the period of dentition, and that during pregnancy the consumption of phosphate of lime is so great that but few traces of it can be found in the urine of pregnant females, and at this period fractures of the bones heal with difficulty if at all. Indeed, CHASSOT (Gaz. Med. 1842;) produced an artificial softening of the bones by feeding animals with food containing little or no phosphate of lime. Even when children are fed on highly sanguigenous food, such as milk, meat or bread, there is apt to occur a deficiency of bone forming matter owing to a want of lime to convert the whole phosphoric acid of these nutriment into the bi-basic phosphate ($3\text{CaO.P}_2\text{O}_5$) found in the bones. Lime is consequently an excellent addition to food especially for children and is best given in the form of an aqueous solution.

physicians of that City. It is more efficient in restoring the loss of force and in the formation of blood than solid animal food especially when the digestive organs are impaired as in certain forms of Typhoid fever. This soup or broth is obtained by extracting meat of fresh killed animals with cold water acidulated with muriatic acid. To half a pound of sliced meat—beef or fowl—add one pound and one-eighth of distilled (rain) water mixed with four drops of muriatic acid and one-eighth of an ounce of kitchen salt. The meat and liquid are stirred together and after standing one hour are filtered through a hair-sieve without resorting to any pressure. On the residue of the meat gradually pour about half a pint of water. The liquid obtained by this process is clear and red, has an agreeable broth flavor, and is taken cold in doses of a tea-cupful at a time.—We find in it the coloring matter of the blood or hæmatine (containing more iron than is found in the yolk of an egg) appropriate for the formation of blood-corpuscles, then a large quantity of albumen coagulating when meat is boiled further the ordinary constituents of broth, and lastly hydrochloric acid assisting materially in the digestive process.

There is one difficulty in preparing this broth, that is during summer it rapidly deteriorates; it is consequently indispensable that the meat should be extracted with quite cold water and in a cool place, or what is still better to cool the mixture from without by ice. Above all attention should be paid that the meat is fresh, and has not been for some days in the butcher's stall.

Burlington, October, 1854.

Art. XXV.—Fumigations of Hydrargyrum Sulphuretum IN CHOLERA MORBUS.

By J. B. C. GAZZO, M. D., OF LAFOURCHE, LOUISIANA.

The first case of Cholera Morbus treated by fumigations of Sulphuret of Mercury occurred about one year last Spring, in a man 26 years of age; the paroxysms of cramping were severe and of rapid succession, the collapse gradually coming on for several days as a sequel to an attack of diarrhoea. Dr. FABRE, the attending physician, had prescribed calomel in varied doses conjoined with tonics; these remedies being followed by no amelioration, and morphine not appearing to exert any influence on the symptoms, I mentioned to the Doctor the propriety of employing the fumes of sulphuret of mercury, to which suggestion he readily assented. The patient sitting on the bed was covered with a canopy, and two drachms of ethiops mineral being thrown on a red-hot shovel, the patient inhaled the vapor as it became disengaged. In one hour after the paroxysms became less severe and less frequent; half a grain of the red oxide of mercury—selected on account of its entropic-antiseptic properties, was administered every two hours, while frictions were made along the

spine with an ointment composed of extract of belladonna and mercurial unguent. This plan of treatment, and the fumigations, were continued during the day at intervals of half an hour to two hours.

The second case was that of a woman, 37 years of age, and the fumes of the sulphuret mitigated the violence of the cramps without, however, influencing in the slightest degree the permanent rigidity of the muscles. In this case it seemed to me that sufficient care had not been taken to support the patient's strength, and she died worn out and exhausted after a protracted attack, the spasmodic symptoms having disappeared more than twenty-two hours before death.

When Cholera first appeared in America, much was expected from the good effects of mercury, and it was administered in many cases to an extent that admits of no justification; pounds were given in a single case and yet there was no variation in the fatal results. We have not, however, sufficient evidence to determine whether the progress of the disease was materially modified by any particular mode of treatment.—Whenever a disease appears endemically, epidemically, or sporadically, and assumes a malignant form, and especially if complicated with visceral hyperæmia or inflammation passing rapidly to disorganization, mercury is administered, and often judiciously; unless the progress of the disease be arrested by a powerful revellent or entropic agency, it speedily tends to a fatal termination. The above mode of treatment—appearing to me worthy of further trial—consists in placing the patient for some hours under the influence of the mercurial vapor, while at the same time his strength should be vigorously supported; and as the plan does not interfere with the administration of remedies—and if found productive of no other effect than that of abating the violence of the symptoms and of lessening the sufferings of the patient, surely it ought on these grounds alone to be entitled to consideration.

The fumigation was employed in a third case after calomel and opium had been freely administered without benefit. The patient despairing of recovery would not at first be placed under the canopy, but being at length induced to submit and sensible of the benefits attending its use, was most anxious for its continuance. The fumigation was steadily continued for some hours during the day and night until every symptom had disappeared. The patient was allowed the free use of port-wine, brandy and animal jellies. This man, two months before, had suffered from a severe attack of dysentery; he was treated in the usual way and the febrile symptoms and bloody evacuations had ceased for some days; the appetite was good, but he was daily becoming more debilitated and emaciated. He had a natural stool once a day, though he complained of frequent and sudden calls attended with an inability of resisting the pressing and uneasy sensation felt in the bowels, and the evacuations frequently occurring before he had time to retire to the closet. The dejections were preceded by no premonitory symptom and consisted simply of a few spoonfuls of muco-gelatinous matters varying in color and consistency from a thick milk or puriform to a watery fluid. This fluid was

evidently secreted from the intestinal mucous membrane in a state of irritation or sub-inflammation, and such a condition of this membrane constitutes the disease named flux blenorrhœa and may, when occurring in the intestines, induce cholera morbus; which, on account of the white color of the evacuations, would have formerly been called fluxus chylosa, and attributed to the loss of chyle by stool, for the chyle was supposed to be formed though it was not carried into the system. I should not have noticed this mode of explaining the whiteness of the evacuations were it not that they are called watery-rice discharges, and which, I suppose, actually depend upon particles of chyle loosely diffused through the serum of the blood with which they are discharged. Again, I have seen white evacuations not depending upon the presence of chyle, but from the absence of bile and a secretion of white viscid mucous from the intestines. Viscid white discharges from the mucous membrane lining the eyelids, bronchial tubes, urethra or vagina are of extremely common occurrence, and depend on a state of irritation similar to that which produces the white and scanty alvine evacuations of the intestinal mucous membrane in cholera patients. It must be evident from what has just been stated that chronic irritation of the intestines may occasion much constitutional disturbance, and when the disease extends from the large intestines to the other digestive organs the symptoms are yet more urgent; and that a similar state of the membrane of the small intestines may occur and give rise to a white secretion, is proved by examination of persons who have died of cholera morbus, and in many of whom white milk like stools had been observed during life, and they were found to be secreted from the small intestines. The diarrhœa alba, or white cholera, as occasionally occurring epidemically in the West Indies, is probably due to a similar cause.

Art. XXX.--Remarks upon Convalescence.

By EDWARD KANE, M. D., PROFESSOR OF MEDICINE
IN THE UNIVERSITY OF VERMONT.

[Continued from page 201, Vol. IX.]

Likewise if the course of medical treatment necessary to subdue existing diseased action have been entirely antiphlogistic, and, moreover, if it has been necessary to pursue it for a long time as is, not unfrequently the case, the stage of convalescence will, generally, be more prolonged. In this instance emaciation will, doubtless, have become extreme; anæmia or a state of the fluids and of the system at large, very analogous thereto, will have pertained, and all the vital processes as digestion, assimilation, aeration of the blood and calorification will be performed with extreme feebleness; hence, the return to accustomed health and vigour, as just remarked, must, necessarily, be slow. So, too, in cases of extreme exhaustion from hemorrhage or from protracted disease, whether acute or chro-

nic, supervening upon a pre-existing state of debility, as in anæmia or chlorosis, for example, the progress of convalescence is tardy, and not unfrequently exceedingly embarrassing.

Emaciation is, often, more distinctly marked during the stage of convalescence, than during the progress of active disease. "This," says a late distinguished writer, "may possibly be, in part, merely apparent and the result of the principle of association, which expects healthy looks in returning health; but it is probable that the nutritive process does not, at first, keep pace with absorption, and that the body, for a time, really loses more than it gains. Cases will occasionally, however, present in which a directly opposite state of things pertain." "All the functions," says an intelligent observer, "become active, and the oscillation, not unfrequently, extends even beyond the original standard of health. The appetite becomes voracious, nutrition abnormally active, and the body swells considerably beyond its natural dimensions. The various sensibilities have been, as it were, regenerated, every thing is enjoyed with the zest of youth, and life has acquired new charms. Sometimes the increased fleshiness continues a confirmed habit of body, but more frequently it subsides to the original level, and the individual becomes his former self again, with the exception, it may be, of the loss of some previous morbid tendency or the acquisition of a new one."

Not unfrequently a preternatural tendency to extreme relaxation of the cutaneous exhalents is a troublesome fact;—the consequent perspiration or rather perhaps transpiration in many cases, perpetuating the debility, which may be regarded as at once, both effect and cause;—for to such an extent at times, are the actions of the economy, perverted that an event or fact, which is the immediate effect of an obvious pathological state, may by continuance, become a powerful cause of keeping alive and aggravating such pathological state.

Ordinarily in those forms of disease in which the mucous tissues of the alimentary canal are chiefly implicated, and especially, if they have acquired a chronic character, thereby inducing serious and protracted derangement of the processes of digestion, assimilation and appropriation; and still further if the functions of the collatitious viscera, as the liver, spleen and pancreas, or either of them, have partaken in a considerable degree, of the diseased action, convalescence will progress slowly, and too frequently, be characterized by much and embarrassing irregularity.

This proposition will be remarkably sustained in those forms of the profluvia which are peculiar to tropical or very warm climates, as also in those types of continued fever in which, lesion of the agglomerate glands becomes during their progress an important and embarrassing complication, if indeed, such lesion be not an essential constituent of the disease itself.

If, in the progress of treatment, mercury have been largely used, and more especially if what have been termed its specific effects upon the glandular system, as exhibited in the form of distressing and wasting

salivation, have been an unfortunate result; a state of the system will have supervened, adverse to speedy convalescence. Nutrition and hæmatosis being extensively deranged, or a directly poisonous influence having been exercised upon the system at large, emaciation becomes extreme, the secretions are perverted, a highly irritable and sensitive state of the nervous system predominates, and all the movements of life are characterized by extreme debility.

A marked difference will be observed as regards both the rapidity and completeness of convalescence in chronic and acute diseases: In the former, generally, it will be found to progress much more slowly, less steadily, and be less permanent than in the more acute forms of disease. Here, too, the changes that indicate the crisis (and the word crisis is used in the sense of obvious favorable change in the disease, whether with or without critical evacuation or eruption;) or the supervention of convalescence are much less obviously marked than in diseases of an opposite character. In cases of this description, whatever may be the organ or tissue implicated, complete restoration of the function will, generally, be tardy, and often the progress will be quite imperceptible.

Notwithstanding the local disease may have subsided, flesh and accustomed elasticity and vigour of constitution, will often be regained with difficulty, and though the mind may not have been impaired, still it will in no small number of examples exhibit a dullness, fickleness and capriciousness, that have constituted no part of its heretofore character. In acute diseases, on the contrary, convalescence is more rapid and better defined, and declares itself by the subsidence of the most urgent symptoms "as well general as local." The strength and rapidity of the pulse abate; and it acquires a character of softness and steadiness and finally of fullness, which are peculiarly indicative of the subsidence of diseased action and of a condition of the vital functions, that precedes, and if not interrupted in any way, is a universal prelude to returning health.

With these salutary changes in the circulation is associated by degrees, a return of the several functions to their healthful standard. The secretions of the skin and kidneys is restored, the breath which in many cases has been more or less offensive, and in most affections of the digestive apparatus and in certain forms of fever, has been to the educated sense of the experienced practitioner—for by that educated sense it cannot, well be mistaken—to a great extent diagnostic, returns to its primitive sweetness; the tongue loses the marked characteristics, which have guided the astute observer in his judgements of the primary morbid action as well as of the succession of events or changes that take place in the progress of disease;—it becomes moist, and more steady and contractable in its movements; the sensations which have been singularly perverted, acquire their natural power and acuteness; the appetite returns; food is not only desired but relished; thirst abates and is no longer oppressive; the unaccountable restlessness which is characteristic of the severer forms of acute disease subsides and is relaxed by steadily return-

pulse of the circulation consist principally in the application of refrigerants either externally or internally. The *secale cornutum* is the more valuable agent that it excites at the same time organic contractility and contraction of the uterine tissues.

The best preparation is the powder; it is also more easily procured as it is found almost every where. The dose is from two to three grammes, rather the first than the last quantity. I generally prescribe 2 grammes divided into four powders, one to be taken every five or six minutes. It is of great importance that the doses should be repeated at sufficiently close intervals to keep up uterine contraction uninterrupted. It is immaterial whether the ergot is taken on sweetened water or in any vehicle.

However it is well that you should know that it is not always easy to administer the *secale* in this manner. The patients from the great weakness that oppresses them, are liable to nausea and vomiting; and as every thing in these cases is rejected from the stomach, the powder must be administered in injection. And this mode of administration is not of itself of easy performance. If we use an ordinary syringe the powder falling to the bottom of the instrument does not pass into the rectum. The powder should, therefore, be put in the cannula that it may be injected at the first stroke of the piston. I have said that we should endeavor to induce or assist uterine contraction by certain manipulations. These manipulations consist in frictions over the uterus through the abdominal parietes combined with pressure and a sort of kneading of the organ. These manipulations—always executed with care—frequently suffice to induce uterine action. However we must not always rely upon them. There is still another means yet more important and which must be had recourse to when the other is insufficient, and that is the introduction of the hand. But I should premise at once that the passing of the hand into the uterus is not merely for the purpose of exciting action in the organ, but for another no less important motive—to remove the clots of blood from the uterus and vagina as they tend to keep up, and indefinitely prolong the hemorrhage. The introduction of the hand generally causes strong contractions; however this may not occur immediately. Are we in such a case to be satisfied in introducing the hand and withdrawing it at once; how long should it be kept in the organ? Some accoucheurs recommend to keep it there till the uterus is powerfully contracted. The introduction of the hand is a useful means. The advantages and inconveniences of this procedure have been much exaggerated more particularly in England; and severe accidents have been attributed to it, such as rupture of the uterus. This is evidently very much exaggerated. But it is nevertheless true that much prudence should be observed in the manipulation and that it should not be undertaken without due care and a full knowledge of the accidents that might result from it.

Some have also recommended the injection of irritating and even caustic substances into the uterus. This is useless, and I will add that it cannot be done without danger. Should we inject cold liquids? Less

inconvenience would attend this plan, but it will more frequently prove to be superfluous practice and which can be dispensed with as the introduction of the hand is generally sufficient. I now come to another class of remedies—refrigerants. These agents are applied around the patient as also on various parts of the body. The first thing to be done when a woman is suffering from hemorrhage is to admit fresh air into the room. In winter this is the more useful and of more easy accomplishment as the air in the room is generally of a much higher temperature relatively to that of out-doors.

Application of cold to the body of the patient. In winter we employ water of the temperature of the room; this will be cold enough. But in summer we should have well- or iced-water. Cold water generally suffices of itself. Cloths or towels immersed in the water are to be applied on the thighs, abdomen and vulva. It is useless, and may sometimes be hurtful, to introduce cold water internally, therefore it appears to me that we should not use cold intra-uterine injections. But if the application of cold in the manner directed do not check the hemorrhage, we can then introduce pieces of sponge rung out of cold water, or what is still better pass pieces of ice up the vagina. This is a most useful method in as much as it tends at the same time to favour retraction of the uterus and to lessen the circulation in the parts, thereby fulfilling at one and the same time the two principal indications of treatment. One thing should be particularly observed in the application of cold to ensure its success, the cloths should be renewed frequently and always before they begin to become warm. There is another advantage from the constant renewal of the applications, independently of those we have just pointed out, it is the keeping up of successive impressions whose effect is of the greatest benefit. Thus, have we hardly gone through one of the applications, that we must commence anew, and so continue till we are satisfied that the flooding is checked. This is a most important consideration in the treatment of these cases. I should add that the applications are to be continued for a long time and always at the same degree of temperature. Some accoucheurs have advised the pouring of cold water upon the abdomen of the patient, thinking that this kind of douche where the effect of the check is joined to the impression of the cold, would act more energetically, while again from the constant renewal of the cold water there is a rapid succession of refrigerating impressions. This would indeed be a valuable plan and one that I would willingly employ were it not for a very serious inconvenience which it is difficult to obviate, it is the wetting of the bed and every thing about the patient. Therefore I think it better to rely upon the first measures I have mentioned, in as much as they are really sufficient in the great majority of cases, more particularly when to the application of cold cloths we add the introduction of pieces of ice in the vagina.

Should the means we have described prove useless it has been recom-

mended to try compression, and this may be done in one of two ways—general compression of the whole of the abdomen by means of a bandage, and secondly direct pressure on the aorta. When this last plan was first proposed it was received with enthusiasm, and at this day even there are some accoucheurs who employ it in preference to any other treatment. Nevertheless there are some objections to compressing the aorta, and there are some which must naturally present themselves to your mind. It is plain that we cannot compress the aorta without at the same time obstructing the flow of blood in the vena cava; and again pressure being made higher up than the origin of the renal arteries, are we not to fear that it will be useless and its effects deceitful? Therefore, at first sight, there is some inconvenience attending compression of the aorta, while on the other hand it can only produce an inefficient result. Experience however has not justified all these objections. This means has been employed in many cases with undoubted benefit, and I once happily checked flooding by resorting to it; it may consequently prove of some service. I have not intentionally alluded to all the measures proposed for arresting uterine hemorrhage, my desire being to describe the principal means, those sanctioned by experience, and upon which you may rely. However I should not allow you to remain ignorant of the other plans which you may employ under various circumstances, and these will be described on another occasion; and for the present permit me to limit myself to a recapitulation of the precepts I have just demonstrated.

We will suppose that the moment a woman is delivered you perceive she flows more than she should, your line of conduct should then be this: First remove the placenta if this has not already been done. When this has been accomplished, and the hemorrhage continues, air the room, take away the pillows and let your patient lay flat on a level. If you find the uterus enlarged and becoming more and more distended, introduce the hand and remove the clots which may be retained in the vagina or uterus; then promptly administer *secale cornutum* and apply cloths rung out of cold water to the thighs and organs of generation. Finally, if in spite of these measures the hemorrhage continues, and while persisting in their use, you will crowd pieces of ice up the vagina. In the vast majority of cases, excepting in very rare instances, by the judicious use of the measures I have thus briefly detailed, you will succeed in arresting the hemorrhage.—*L'Abeille Medicale*.

[Conclusion in our next.]

VIII. ON ACUTE PLEURISY.

By F. L. A. VALLIEX, PHYSICIAN TO STE. MARGUERITE HOSPITAL, ETC.

[Translated from the "Guide du Médecin Practicien, ou Résumé Gén-

érial de Pathologie Interne et de Thérapeutique appliquées. 2nd Edition, Paris, 1850. vol. 1. p. 544]

[Continued from page 29]

§IV.—March; duration and termination of the disease.

Acute pleurisy ordinarily progresses and is always rapid. Generally the first symptoms subside in three or four days, and are succeeded by symptoms denoting effusion. These last symptoms persist for a longer period, and, in some cases remain stationary for many weeks. We do not observe in the march of pleurisy irregularities as striking as are seen in most of the other phlegmasies. Some authors have however described an intermitting form of pleurisy, but it is very evident that they had in view affections essentially different from pleurisies, more particularly pleurodynias and intercostal neuralgias.

The duration of the disease offers but limited variations, and unfortunately we have not sufficient data to determine this point. At times authors calculate the length of the disease from its setting in to the moment the patient is discharged from the hospital; at others, on the contrary, they date it from the patient's admission into the hospital and continue it till convalescence is established; it is, therefore, needless for us to remark how fruitful in error this mode of computing facts must be. I will consequently limit myself to the assertion that, in the majority of cases, the duration of the disease varies from ten to twenty days in subjects who recover, and that it may sometimes be continued for three weeks or more. The duration of a pleurisy is more variable when it ends in death. In persons laboring under a severe chronic affection, death has occurred in a very short time (two, four or five days;) while in others it has continued from ten to thirty-eight days.

It is of the highest importance to study the termination of this disease; we will find in fact, that upon it are based the most interesting therapeutic indications. M. LOUIS has observed that simple pleurisy, attacking a person in a good state of health, ends most generally in a cure. This assertion has been questioned, but no one before M. TROUSSEAU had sustained the objection with proof of any weight. To fully understand M. LOUIS' proposition, we should know—and we can see it daily—that a previous state of disease however light in appearance it may be, increases the severity of affections developing themselves at the same time. Thus simple angina—generally a trifling affection—becomes fatal when it sets in during the course or during the convalescence of a severe fever, in the course of a chronic affection, and even when there is nothing but slight pulmonary catarrh. We see precisely the same thing in pleurisy. However extraordinary this proposition may appear it is nevertheless the result of close observation corroborated by daily experience. Let us, then, see in the first place what occurred in the cases I have collected: they number 48, 34 of which are without examples of simple pleurisy. Well, a cure has obtained in every one of these 34 cases; but death occurred in the 35th although the disease was supposed to be in its simple form.—

This is M. ANDRAL's case, and we will now examine it. The subject was 19 years old, who after suffering for three weeks with undefined pain in the chest and a continued dry cough, enters the hospital to all appearance in a tolerable state of health, though with all the symptoms of effusion in the pleura. The disease did not progress, and the patient was in a state that did not excite much alarm, when he suddenly felt a very severe pain in the side, this was soon followed by symptoms of a fresh effusion between the base of the left lung and the diaphragm. A severe change in the general state of the patient took place, and the case rapidly terminated in death. Without questioning whether the sudden appearance of this second pleurisy depended upon some deeper lesion—and the inference is allowable—since the state of the lung is scarcely alluded to, I will remark that the patient was in truth affected with two pleurisies.—And the second finding the patient in a convalescent state could not but prove fatal from the combination of circumstances; and the result has been what it would be if the pleurisy occurs during the course of a bronchitis, with this exception that the antecedent inflammation, instead of attacking the bronchial mucous membrane, occupied another portion of the serous cavity. It, therefore, follows, that this fact—appearing in the onset to be in opposition to the one established above—is one of the most remarkable in its favour. There still remains M. TROUSSEAU's cases the value of which I do not question, but which I cannot analyse for the want of details.

Complications are far from rendering pleurisy necessarily fatal. We often see patients affected with tuberculous or other equally formidable diseases, get well after a severe attack of pleurisy; but these complications, it must be said, add much to the danger of the disease since eleven patients died out of the thirteen we had remaining. Pregnancy must be classed among the aggravating circumstances, and in these cases pleurisy frequently ends in death after being the cause of abortion. Thus it will be seen that a knowledge of the patient's state of health is of the highest importance, and, which, if overlooked, may lead to disastrous results.—Can pleurisy terminate, as was formerly believed, in critical evacuations? The only answer is to be found in the immense number of cases which offer nothing in support of this opinion. FORESTUS relates a case, where after a copious flow of the menses, a cure took place on the seventh day. But I hasten from this subject which has nothing of certainty, and at once pass to the description of the pathological appearances.

§V.—Anatomical lesions.

It is seldom that we do not observe upon the surface of an inflamed pleura aught else than a thin pseudo-membranous layer; yet no other lesion has been found when the patient has died shortly after he was attacked; the pleurisy was still dry; but we most generally find false membranes floating in a fluid, and the union of these two products constitute the essential anatomical character of pleurisy. There is at times a large quantity of fluid, the pleura containing several pounds; while in other cases we find but a few spoonfuls in the lower portion of the pleural ca-

vity. There are numerous grades of effusion between these two extremes. The effusion frequently consists of a yellowish foul serosity with more or less albuminous flocculi; in other cases the liquid is purulent, and again it partakes of both of these conditions the serum being mixed with a greater or lesser amount of pus. I have alluded in another place to those cases where the serum was slightly tinged with blood, and which writers have erroneously denominated hemorrhagic pleurisies. The false membranes found in acute pleurisy are generally thin, of slight consistency, of a dull white colour, sometimes yellow or tinged with red, and easily detached from the subjacent pleura. These membranes commence to organise and acquire a tolerable degree of consistency only in cases where the disease has been of some duration. They are generally rough, and invest the lung to a variable degree, lining the costal pleura and forming bands from the lung to the thoracic walls of different thicknesses and of various forms. The pleura that they invest is at times more or less deeply implicated; we find it thickened, red and injected, but these are not alterations of the pleura, they are from the sub-serous tissue in a state of inflammation. But there is a very important lesion—ulceration of the pleura as a sequence to the effusion. We find, in fact, in certain cases, perforation of the lung and a corresponding ulceration of the pleura costalis on a level with the point occupied by the fluid; therefore the perforation of the lung in these cases can, during life, give rise to the copious expectoration of the fluid contained in the pleura. It may naturally be questioned if the perforation has not occurred before the pleurisy, and if this last is not a result of the former? But it is scarcely worth while to pause to answer this question, when we observe that the lung presents none of those organic lesions determining the perforation, and that the pleural ulceration is found equally as well on its thoracic layer as on the organ itself. It may further be asked whether the ulceration is caused by a high degree of inflammation or by the presence of an irritating fluid? The answer is more difficult; however the invariableness with which the lesion occurs on a level with the liquid tends to prove that the second supposition is the correct one. M. BEAU has found the neurilima of the intercostal nerves, under the false membranes, in a state of inflammation. I have already said that the lung and the adjacent organs were displaced in cases where there is a large effusion. The heart may be pushed to the right side, the diaphragm pressed downwards, and the viscera of the upper abdominal region crowded also downwards. Such are the appearances observed in cases of acute pleurisy, and as they are so well known it is useless to dwell any longer on the subject.

§VI.—Diagnosis; prognosis.

At first sight one would think that nothing was easier than the diagnosis of pleurisy; but when we go into the details we soon discover that it is not always so. This is caused by the phenomena varying not only according to the cases, but also with the various stages of the disease, and from this results that we cannot say anything applicable to every case, and has led to several interesting discussions. LAENEC himself, who has

done so much for the diagnosis of diseases of the chest, has thrown some confusion in the diagnosis of pleurisy, because of his inability to account for several special phenomena. Recent researches and particularly those of M. HIRTZ, have stamped with a higher degree of precision this important point in the pathology of the respiratory organs. Let us, after these documents ascertain how the diagnosis—more especially in difficult cases—may be arrived at.

If there exists in one side of the chest complete and extensive dullness with absence of elasticity under the percussing finger; if, at the same point respiration is feeble, null or distant; if the vibrations of the chest are destroyed when the patient coughs or speaks; if respiration is preserved—in a limited space—only between the vertebral column and the inner border of the scapula, and if there is egophony at a neighboring point we can scarcely doubt the existence of a pleurisy. And the existence is established if the disease has been ushered in by severe pain in the side, though there may have been a slight degree of fever, little cough with no expectoration, or a simply mucous expectoration. This is the most simple case. Let us now see what may happen under other circumstances. Things may be different in relation to the age of the disease; at times dullness extends very rapidly and invades nearly the whole lung; then, by the motion described by M. HIRTZ, the fluid collecting at the base leaves the upper portions free. This case, already foreseen by LAENEC, who had attributed these phenomena to suffocation of the lung in the first instance, offers no more serious difficulties, since such things may occur in pleurisy, and they serve rather to confirm the diagnosis than otherwise.

But before the fluid has gravitated to the lower portions of the lungs, the respiration, in a rather large extent, takes the characters of bronchial respiration, and this fact imperfectly described by LAENEC, is generally recognized at the present day. Such a case might be mistaken for acute pneumonia; but we will avoid the error by observing the following: If the hand is applied to the chest in pleurisy it will detect few or no vibrations, while the natural vibrations are increased in intensity in pneumonia. In the latter bronchial respiration is heard through the whole extent of dullness, and it is either accompanied or has been preceded by a crepitant or sub-crepitant r le. In pleurisy, on the contrary, bronchial respiration is generally confined to a space limited to the neighborhood of the inferior border of the scapula and unless as a complication it is unaccompanied by any r le. The bronchial sound is superficial in pneumonia while it is generally deeper in pleurisy, and moreover, as has been recognized by M. M. NETTER, RILLIET and BARTHEZ, and other authors, it has a dry clear timbre. The resonnding of the voice in these cases gives rise to egophony—a sound caused, according to M. NETTER, by a combination of simple bronchophony with the bronchial souffle, while in pneumonia we have but ordinary bronchophony.

We, therefore, perceive that the diagnosis, even in difficult cases, requires a high degree of precision; and, moreover, if under such circum-

stances the phenomena are varied by a change in the patient's position, there would be no longer any doubt as to the nature of the disease. But there are cases where bronchial respiration is very extended, where it is superficial, intense, and does not change with the position of the patient. The diagnosis in this case is more difficult; however, with a little attention, it can be made in a positive manner. To obtain this result we are to bear in mind the slight relation generally existing between the extent of the local and the severity of the general symptoms. By careful auscultation we will almost in every case detect a point at the inferior portion, where respiration will appear more distant, and, lastly, the march of the disease, the characters of the expectoration, will confirm a diagnosis already invested with great certainty. But if pleurisy may be complicated with bronchial respiration, and thereby present some of the characteristics of pneumonia, this last, in its turn, may have an entire want of the respiratory murmur, and consequently simulate pleurisy. In these cases pleurisy will be detected by measurement of the thorax, by the obliteration of the intercostal spaces, by an absence of the characteristic expectoration, and by the slight degree of febrile disturbance relatively to the extent of the local lesion.

Such are the differential symptoms of acute pleurisy with effusion, but we must enter into the details of some of the other forms. We have observed—as has been remarked—cases of dry pleurisy, that is pleurisy with simple exudation of thin false membranes. There is no dullness in these cases, and there is no sensible change in the respiration. The pain in the side being nearly the entire disease might lead to the thought of simple pleurodynia. This error will be avoided by seeking for the pleuritic rubbing or friction sound, and in paying attention to the febrile action which forms more a part of pleurisy than of simple pleurodynia.—The diagnosis of partial pleurisies, such as diaphragmatic or mediastinal, is difficult, from their giving rise to no special percussing or auscultatory signs. Our guides in such cases should be the pain, difficulty of breathing and the general symptoms. Double pleurisy may be mistaken for simple hydrothorax; but the two affections will be distinguished thus: hydrothorax is a complication of some other disease—the effusion occurs at the same time in both sides—there is little or no pain in the thorax—its progress in the great majority of cases is chronic, and the general symptoms are such as denote the principal disease. Now we have seen that simple acute pleurisy, in the few instances where it is double, invades successively both sides of the chest; that it only occurs where the disease is very severe and its progress very rapid; that there is very severe pain in the side, and finally that there is an increased intensity in the general symptoms. I do not deem it necessary to carry the diagnosis any farther because the other affections, such as bronchitis, pulmonary emphysema, etc., that have any relations to pleurisy, present such marked differences that it is not presumable an error could be committed in the diagnosis.

SYNOPTICAL TABLE OF THE DIAGNOSIS:

I. Positive Signs of Acute Pleurisy.

Extended dullness, complete at the base of the chest, with absence of elasticity under the finger. Respiration feeble, absent, or distant at the same point. There are no longer vibrations of the chest. Respiration persistent in a limited space between the inner angle of the scapula and the vertebral column. Egophony a little below this point. At times, from change in the patient's position, there will be displacement of these phenomena. The cough is light and dry, or it is accompanied by a mucous expectoration.

II. Distinctive Signs of Incipient Pleurisy and Pneumonia.

INCIPIENT PLEURISY.

Application of the hand: vibrations of the chest diminished.

Bronchial respiration limited to the neighbourhood of the inferior portion of the scapula.

Bronchial murmur—with a dry light and silvery timbre—generally distant from the ear.

No râles.

Egophony (doubtful sign.)

Sometimes the symptoms change their seat, according to the various positions the patient is placed in.

PNEUMONIA.

Application of the hand: vibrations of the chest increased.

Bronchial respiration in all parts where there is dullness.

Bronchial murmur generally close to the ear.

Crepitant or sub-crepitant râle.

Simple bronchophony (doubtful.)

The symptoms have a fixed seat.

III. Distinctive Signs of Pleurisy with extensive and superficial bronchial respiration, and of Pneumonia.

PLEURISY.

The general symptoms bear no relation to the great extent of the local symptoms.

The bronchial respiration is generally more distant from the ear, and of less force at the inferior portion.

Expectoration absent or of a mucous character.

No râles.

PNEUMONIA.

General symptoms generally are in relation to the extent of the local symptoms.

Bronchial respiration generally stronger as we proceed downwards.

Characteristic sputa.

Crepitant or sub-crepitant râle.

IV. Distinctive Signs of Pleurisy and Pneumonia without the Respiratory murmur.

PLEURISY.

The thorax is dilated; intercostal spaces are effaced.

General symptoms in little proportion to the extent of the local symptoms.

PNEUMONIA.

Chest not dilated.

General symptoms usually in proportion to the extent of the local symptoms.

Expectoration absent, or of a mucous character. Characteristic sputa.

V. Distinctive Signs of dry Pleurisy and Pleurodynia.

DRY PLEURISY.	PLEURODYNIA.
More or less febrile disturbance.	Little or no febrile disturbance.
Pleuritic rubbing sound.	No signs emitted either by percussion or auscultation.

VI. Distinctive Signs of Double Pleurisy and Hydrothorax.

DOUBLE PLEURISY.	PLEURODYNIA.
Primary affection.	Secondary affection.
Invades both sides one after the other.	Invades both sides at the same time.
General symptoms in relation to the extent of the local symptoms.	General symptoms in relation to the primary affection.

Prognosis. We have seen in the section devoted to the consideration of the terminations of pleurisy, how slight the disease is when it attacks a person whose constitution is not already impaired by another affection. It becomes, on the other hand, highly dangerous in cases where it is complicated with pre-existing disease; and although the danger is the greater that the previous disease is the more serious, facts nevertheless prove that pleurisy may terminate fatally when it occurs during the course of a slight affection—simple bronchitis, for example. We should always bear this fact in mind before venturing upon a prognosis and commencing the treatment. Pleurisy as a result of perforation of the lung, from whatever cause the latter accident may be occasioned, is always fatal. When it is double, and this is generally the case if the disease is complicated, it becomes very dangerous. Finally, we may arrive at something like a correct conclusion by the intensity of the general symptoms.

[Treatment in the next Number.]

IX. SALIVATION THE ONLY DIAGNOSTIC SIGN BETWEEN VARIOLA AND VARIOLOID IN THE FIRST STAGES.

By PROFESSOR TROUSSEAU.

Variola and Varioloid do not differ, as is believed and is generally taught, by the variable intensity of the initiatory symptoms, no more than they do by the intensity and abundance of the eruption itself. They only differ by the manner in which the pustules pass to the state of maturation and dessication, but before these stages come on there is one sign alone—the presence or absence of salivation—by which we can, from the onset, diagnose the two affections. Upon this proposition Prof. T. bases the question of the differential diagnosis, and, necessarily, the prognosis of Variola and Varioloid. The following case will illustrate this point.

On the 24th of May, a woman was admitted in St. Bernard ward having suffered for the last two days with intense cephalalgia, pains in the lumbar region, weakness of the lower extremities, nausea and some vomiting. The evening of her admission into the hospital her face and chest became covered with a violet-coloured eruption as if these parts had been stained with blackberry juice. The disease was first thought to be scarlatina, and this was the opinion of the Chief of Clinique when he first saw the patient in the evening. As she did not complain of sore throat, the idea of Varioloid (she had been vaccinated) next presented itself to his mind. This diagnosis was fully confirmed subsequently; in fact, on the following and succeeding days, a large quantity of small pustules with a base of an uniform violet-red colour made their appearance. Moreover, there were observed here and there small patches of a deeper violet hue—ecchymosed spots resembling those of purpura hemorrhagica. This eruption soon became diffused over the entire body with the same characteristics—that is, at the onset, mixed characters appearing to belong as well to scarlatina as to varioloid. In view of the general state of the patient, the appearance and confluence of the eruption, its complex characters, and the ecchymosed spots, the majority of the assistants were of opinion that it was a bad case of Variola, and the prognosis consequently unfavourable. Prof. TROUSSEAU, on the contrary, was bold in his assertion that the case was one of Varioloid; that he had no fears of the ecchymoses, no more than he had had in other patients under similar circumstances of the delirium forming part of the general febrile symptoms, adding that the whole of this general cortege, so terrible in its appearance, was but a fire of straw that would be extinguished at the first moment. It is not uncommon, continued the Professor, to see patients labouring under all the premonitory symptoms of Variola: cephalalgia, pain in the back, varioloid paraplegia, vomiting, etc., and to these prodroma will succeed a confluent eruption as violent as that of confluent Variola attacking every portion of the body with tumefaction of the face, the whole accompanied with the most intense febrile symptoms, delirium of several days duration, etc., and, still, the patients were only suffering from Varioloid, the pustules dessicating ere they had arrived at the stage of maturation.

How does the Professor know that such cases are cases of Varioloid and not of Variola? By a single sign—the absence of salivation—an accompaniment which SYDENHAM considered as constant in confluent Variola, and, which, according to M. TROUSSEAU, is as constantly absent in Varioloid. The patient which forms the subject of these remarks in spite of the confluence of the eruption, of the character of the initiatory symptoms and the general state accompanying the eruption, was pronounced by M. TROUSSEAU to be labouring under Varioloid which would end by dessication without danger to life, and his prognosis and diagnosis were based upon the absence of salivation. In fact, on the tenth day, the pustules had flattened and most had commenced drying; some even were entirely dried, resembling small warts and re-calling to one's mind the

horny variola *variola cornea* of the ancients. From this moment the patient was placed upon a proper diet and was considered convalescent. A cure shortly followed.

Therefore, to conclude (and the fact tends strongly to the support of this proposition) Variola and Varioloid, in certain instances, differ not in the least from each other during the symptomatic and eruptive periods—they differ in nothing unless it be by the presence of salivation in Variola and by its absence in Varioloid. Apart of this sign the two affections do not commence to differ materially and to become fundamentally distinct till after the eighth day—the maturative stage of the pustules.—*Gazette Medicale*.

X. CASE OF SYPHILITIC SYNOVITIS. BY M. RICHER.

We have just seen in the service of M. RICHER, at the Hotel Dieu, an affection of the knee-joint of scientific and practical interest; first as it is another example of a disease seldom met with, and secondly on account of its important therapeutic indications. We have in the following few words the history of this case: Some 18 months since, after a diarrhoea and hemorrhoidal bleeding, the patient was suddenly seized with violent pain in the knee and impossibility of moving the limb; this was in a short time, succeeded by some swelling and has always remained so.

There has been since then intermitting pains in the knee-joint; and to day the knee is somewhat swollen, puffy, soft and indolent under pressure. There is but a trifling effusion in the joint. On careful examination, we can detect an irregular and indurated tumefaction of the synovial membrane at its point of reflection. Finally the patient, as we have said, does not suffer constantly; he complains of pain for the moment only, spontaneously, and without appearing to be influenced by motion of the limb. Such was the local condition of the parts, which, so far, could only give an unsatisfactory and incomplete idea of the disease in question; but questioning the patient and a thorough examination of his general state and of the concomitant lesions—to which we will allude—gave to this local disease all its signification and practical importance. In fact, we learn that this patient has had some years since blenorrhagia, chancres, suppurated buboes; these were followed by erratic and undefined pains, more especially felt during the night—which had been mistaken for rheumatism, but which, for the last circumstance, cannot be looked upon otherwise than depending upon syphilis. He has also suffered from violent pains in the head to which he had never been subjected, and which disappeared the moment pains were felt in the knee. Finally, at the present time, we notice on the tibia considerable swelling without discoloration of the skin, and accompanying the nocturnal pains. There has been no syphilitic eruption, but the absence of transmission from the second to the third period cannot exclude the diagnosis of a tertiary syphilitic affection perfectly characterized in other respects, the law laid

by M. RICHARD in regard to this point not being framed with a regularity to do away with exceptions, as M. RICHET has determined in many cases at the Hôpital de Lourcine. Thus, for the latter the accompanying synovitis having the above characteristics with the symptoms of actual tertiary syphilis removes all doubts on the nature of this articular affection; and the circumstance is the more fortunate, that we have strong hopes that a proper iodine and mercurial treatment will soon overcome an affection which, under ordinary circumstances, presents a small chance of radical cure.—*Gazette de Hôpitaux*.

XI. TREATMENT OF LACERATION OF THE

• FOURCHETTE. By M. VELPEAU.

This accident, of common occurrence in primiparæ, generally cures of itself; yet in some cases the wound ulcerates and becomes the seat of a buffy secretion of a medium between diphtheritis and hospital gangrene. These wounds should not, therefore, be neglected as they generally are. According to M. VELPEAU this result can almost always be prevented by keeping the parts cleansed by sitz-baths, lotions of tepid water, and next by the use of bonied-water. If the wound does not cicatrize M. V. has recourse to mercurial applications, whose healing action is well known. The wound is to be washed three or four times a day with an infusion of marsh mallows, 120 grammes to 4 grammes of calomel, or the application of an ointment made of 3-4 of a gramme of white precipitate to 24 grammes of lard. If a buffy secretion takes place, the foregoing applications cannot modify it, we must then treat it as we do hospital gangrene—apply lemon-juice to the ulcerated surface, and if this does not arrest the disease, the wound must be successively cauterized with the nitrate of silver, chlorohydric acid and the nitrate acid of mercury.—*Journal des Connaissances Medico-Chirurgicales*.

XII. PROGNOSIS AND TREATMENT OF SPRAINS AND CONTUSIONS OF JOINTS IN CHILDREN. Clinique of

M. GUERSANT.

In children the articulations of the upper extremities are involuntarily subjected to rough handling and pulling about, and which results most frequently in dislocation of the radius backwards. A child is held by the hand, the forearm being in a state of pronation; now comes a moment, where either to play with the child or make him pass over some obstacle, he is roughly pulled up, the radius slides on the condyle and is thrown backwards.

There is in such a case complete dislocation backwards of the radius with prominence of its head, strong pronation and impossibility to bring the forearm in a state of supination, etc. M. GUERSANT thinks that the

injury is not so often apparent, that there has been but a sliding of the cup of the radius upon the condyle, a momentary and incomplete dislocation with stretching of the ligament, a diastosis of the radio-ulnar articulation; then the effort ceasing, the articulating surfaces have returned to their normal positions almost as quick as they had left them. The only symptom remaining is acute pain, increased by pressure upon and motion of the joint; in such cases—and they are frequent—we must be certain that there is ought else than the accident we have described, then flex the forearm, bind the upper extremity to the body, and tell the parents that recovery will take place if this position is maintained for a few days. If the violence has been most severe; if there is tumefaction, effusion of blood, and probably laceration of the fibrous textures about the joint, the case requires very close attention. Pathologists have not paid sufficient attention to the age in the prognosis of sprains, and we can affirm that there is no period of life like infancy where such accidents so frequently conduce to the development of white swellings. If the patient is of good constitution the fear of this result is less; but on the contrary, if the child is feeble, and of a lymphatic temperament, too much care cannot be taken to avert this termination. The greater number of children admitted to the Hospital with chronic affections of the joints have been subjected to rough usage, the force of which is expended upon the actually diseased articulation. We should always bear this in mind when our advice is sought for children of the poorer classes, they are less taken care of and watched, and they generally continue to use the affected part until the disease has increased to an extent that art can do little or nothing. In sprains in the adult, apart of absolute rest, the following measures are employed. The prolonged application of cold water, cold poultices, astringent applications and compression. M. GUER-SANT, although convinced of the efficacy of this treatment in the adult, regards it inadequate in sprains of infants, and liable to allow the development of chronic inflammation in the articular tissues. Experience leads him to adopt the following plan. The immediate application of 5 10 or 15 leeches according to the child's age—from five to fifteen years for example.

Many practitioners will say that sprains can be cured without leeching this we admit is frequently the case. But when the ultimate consequences may be of sufficient severity to develop white swelling too much precaution cannot be taken for the future. Now, it is this consideration alone which leads M. GUER-SANT to resort to local bleeding, although he so habitually objects to abstraction of blood in children. The following days, rest is enjoined, and emollient poultices are applied to the part. In four or five days, when the tumefaction has subsided and there is no apparent inflammatory symptoms, the next indication of treatment is to keep the part still by compression and the inamoveable bandage; there is no other means that will so rapidly hasten the absorption, but it should only be employed at a proper time and with discretion. It would be a

serious error to apply the bandage during the first days when there is still a possibility of swelling and when care has not been taken to guard against inflammatory symptoms.

In following this plan we would expose ourselves to the deplorable result of quackery noticed in the little boy now in No. 29, Saint-Comx ward. About one year since, this child violently sprained the tibio-tarsal articulation; a bone-setter impaired certain motions to the diseased articulation, and then applied an inamoveable bandage.

When this was removed five weeks after, the joint was found swollen, the tissues about the joint indurated, and there were already several fistulas; we shall probably have to amputate the leg of this unfortunate child for a disease that could have been cured by a rational plan of treatment. An indispensable precaution, before the application of the bandage in young children is to envelop the joint in cotton-wadding, the skin being so tender will not bear the direct application of the bandage without excoriation; the wadding is retained in place by a few turns of a dry roller, and then the dextrined bandage applied. Should the child suffer, the dressing is to be removed in one or two days and the cause of pain ascertained; this bandage can be applied to nearly all the joints; when the elbow joint is implicated the forearm should be flexed upon the arm. It should be removed in from ten to twenty days. Motion—as in every case where there has been immobility for some time—is at first painful, but the stiffness will pass away in a few days. The above remarks are applicable, without exception, to every case of contusion from blows and falls upon articular regions, as also to sprains proper, and in relation to the sequelæ and the treatment required, they are identical affections.—Leeches are of no benefit in articular affections if applied after the tenth or fifteenth day, as there is then a great tendency to the chronic state; in these cases M. GUERSANT has recourse to immobility assisted by resolute ointments, such as the neapolitan or iodine ointments, but more particularly to light cauterizations around the joint.—*L'Abeille Medicale*.

XIII. RETENTION OF URINE IN AN INFANT. By Dr. ROUSSE.

A child, aged 6 months, well formed, of sanguineous and impressionable temperament, with good appetite, nursing well, and micturating eight or ten times in twenty-four hours, became pale, languid, drowsy, and ceased to urinate. The first dentition is setting in. The urine has only been suppressed for a few hours, and the child is dull and sleepy; the extremities are cold, and it refuses the breast. Some tumefaction of the hypogastrium as also of the scrotum, with slight erection of the penis.—Ordered warm cloths to the abdomen, and tepid water injection. The child had not made water at nine o'clock; he is pale, cold, half asleep and moaning. There is no hydrecephaloid cry, agitation, sudden waking or convulsions. Emollient cataplasms to the abdomen, bran baths, two spoonfuls of syrup of rhubarb, and emollient enema. Four o'clock in the

evening and the retention is not relieved; the abdomen is tumefied and the hypogastrium very tense giving a dull sound under percussion indicative of fullness of the bladder. Same state of debility, dullness, somnolency and smallness of pulse. Vomiting of bile mixed with curdled milk. A gum elastic catheter without the wire being passed into the bladder gave exit to a glassful of urine. The child at once appeared relieved; no moaning, but is still pale, languid and cold. Bile thrown up on two occasions. Compresses of camphorated oil on the abdomen, a camphorated blister on the left arm, 5 centigrammes of calomel, infusion of dog-grass with nitre for the mother. The child vomited a third time at eight o'clock in the evening ejecting two or three spoonfuls of bile. He urinates and appears more quiet; the colour returns; he wakes up and takes the breast with eagerness; heat returns, and the pulse is at its normal standard and character. The child micturates freely the next day and appears in good health.

Retention of urine is of extremely rare occurrence in infants; we find but few examples on record in treatises on the Diseases of Infancy where the writers allude more particularly to Dysuria—that is pain and difficulty in voiding the urine. Retention is as rare as incontinence is common. This accident generally results from cerebral affections, from foreign bodies in the bladder, more particularly gravel and calculi; it is sometimes present at the subsidence of acute diseases, and, if we credit the assertions of UNDERWOOD, it at times accompanies dentition. In the little child under consideration, this last influence appears to have determined the retention. General uneasiness, faintness, somnolency, smallness of the pulse, coldness of the surface, agitation and continual moaning, bilious vomitings, distension of the bladder by the urine, such are the symptoms of retention of urine in the infant. What would have been the consequence had the cause of suffering not been discovered, and if it had been impossible to introduce the catheter? This question is of difficult solution; but the serious troubles denoted by the state of the pulse, the animal heat and the functions of the stomach were of a nature portending an unfavourable termination, and death probably would have followed. The only chance in this difficult case was the catheter; and the choice of a small elastic bougie, without the stiletto, in preference to a metallic instrument, materially tended to the favourable issue, while the dangers of making false passages in the urethra were safely avoided.—*Gazette des Hopitaux.*



Editorial Department.

TRUTH WITHOUT FEAR.

PLATTSBURGH, (New York;) NOVEMBER, 1854.

Club rates.—The LANCET will be forwarded to Clubs at the following prices: 3 copies for \$5; 5 copies, \$8; 10 copies, \$15; 20 copies, \$22.50.

Ninth Volume.—As we have but a few more complete sets of this Volume a favourable opportunity is offered to new Subscribers who may desire to procure it; we will send it post-paid on the receipt of 50 cents.

Book Notices, and to Readers and Correspondents crowded out.

New Advertisements.—The University of New York; SEARS' call for Book-Agents.

We have to apologise for the delay in the issue of this Number. A scarcity of paper throughout the country—and what we have been able to procure of but a very poor quality—compels us to give a Number very much below our expectation. We trust to the making of satisfactory arrangements for the future.

Philantropos will oblige us with his name—on the "square & compass."

The Lancet at Two Dollars.

Notwithstanding we have increased the subscription price of the LANCET to Two Dollars a year; we have not only not fallen back but have made and are daily making large accessions to our list. Every mail is bringing us new subscriptions and renewals of old ones—these accompanied with letters highly commendatory of our enterprise and flattering to our pride. We had not misjudged when we came to the conclusion of increasing the size and price of our publication. We are now in a position to do something like justice to our Friends; we aim to be useful; we look to the practical and eschew the theoretical, and our efforts and labour will be to make the AMERICAN LANCET acceptable in every Department to the great majority of its numerous supporters—the hard-working and little-time-reading Country Practitioners. We have a "glorious" subscription list, and if subscriptions continue to come in as they have done for the last six months we will be satisfied—more than that, we will have a larger subscription list than any of our Contemporaries. We thank you most cordially, kind Patrons, for your favours.

Clinical Lectures.

We have received a long and highly interesting Clinical Lecture by Professor BEDFORD, which we shall publish in our December Number.—

The Lectures will now be published regularly. Though our Readers will regret the absence of these practical Lectures in the three last Numbers of the LANCET, yet they will not, we are sure, have failed to be pleased with their substitute—the graphic European Correspondence of Prof. BEDFORD.

University of New York.

It affords us much pleasure to hear of the success of this School of Medicine. A very large class, we understand, is in attendance, and we are not at all surprized at the intelligence for certainly no where on this Continent are the facilities for a thorough medical education so abundant as in the City of New York. The passage of the Anatomical Bill by the Legislature, mainly through the efforts of Prof. PAINÉ, has had a good effect on the Classes of the University. The Students, who attend that Institution are provided with subjects free of cost. This is not only a liberal act on the part of the Faculty, but will be appreciated throughout the Country.

University of Vermont.

We acknowledge the receipt of the annual Catalogue of this old and highly esteemed University, and are pleased to learn that it never has been in a more prosperous condition. There is an able Faculty—we do not speak of the Medical Faculty be it understood—fine and commodious College buildings and a Class of 108 as fine, noble and intelligent young Gentlemen as ever graced the halls of any College—Gentlemen of that proud stamp of intellectual independence who know how to appreciate moral worth in whomsoever it may be found, and to speak the loud and scathing voice of scorn and indignation against the dishonourable and reprobate. DAVID, &c., &c., may you never be caught on the College Green, hen roosts and sundry other chicken fixings are in the neighbourhood!

We wish our young Friends all the success their gentlemanly deportment, correct habits and high qualifications are certain of commanding wherever Fortune casts their lot. We cannot in the present connection pass in silence the typographical execution of the Catalogue; it is from the hands of master-workmen who have earned a wide reputation in the New England States as most tasteful, experienced and skillful printers—Messrs. STACY & JAMESON, of Burlington, Vermont.

Active Principles of Vegetable Medicines.

Messrs. KEITH & Co., of New York—whose advertisement is to be seen in several of our back Numbers—and who have successfully directed their attention to the preparation and extraction of the active principles of vegetable remedies, will shortly publish a work upon this subject and

which cannot but command wide and merited attention. We are not so wedded to old ways or sticklers to routine as to administer two scruples of crude jalap when we can obtain the same happy effect from three grains of jalapine. We have prescribed some of their preparations in several instances with good results, and, we know, with a high degree of compatibility with the tastes of our patients who are not—poor souls—compelled to swallow a great spoonful of molasses thickened with some nauseous drug. It may have been fun for the forefathers of Medicine with their gold-headed canes, white neck-cloths and jesuitical visages, but we do not so consider it now, for we truly commiserate the unfortunate patient with the convulsions of a young volcano somewhere in the neighbourhood of the scorbiculis cordis and threatening sudden destruction to all around. The moment the new work is issued we will apprise our Readers, and trust that they will find it to their advantage to order an early copy.

Surgical Pocket Cases.

We acknowledge the receipt of a Pocket-case of Instruments from the Manufactory of Mr. JAMES DEMPSTER, a gentleman whose name has long been known to the Readers of the LANCET. The instruments are made after the most approved manner, and finished to the highest degree of perfection; while the case is exceedingly neat, compact, and giving in nothing to the best french cases we have ever seen. In relation to quality, we believe we know something of edge-tools, and certainly we cannot wish for anything better. We would advise all requiring Surgical Instruments to enclose their orders to JAMES DEMPSTER, *Corner of Hester and Elizabeth Streets, New York*, who will furnish estimates and fill the orders promptly and at the most reasonable rates. Mr. DEMPSTER will please accept our thanks for a case containing four of his *American Lancets*—a highly finished and trustworthy pocket companion.

To Contributors.

We are daily receiving letters from our Friends throughout the Country stating their willingness to contribute to the pages of the LANCET, were they not in apprehension that their articles would be rejected. We regret much that such is their impression; it is no such thing with us, we carefully read everything sent for publication and if—as is sometimes the case—they require a little correction we do so, and then present them to our Readers. To all our patrons we cheerfully offer the pages of the LANCET for the publication of their papers; all that they have to do is to send them along, and we will take care of the rest. Come, Gentlemen, "hurry up the cakes."

Lancet Monthly Record.

EXTRACTS FROM THE EDITOR'S *Index Rerum*

Practice of Surgery.

LACHRYMAL TUMOUR.

NÆVUS.

29. LACHRYMAL TUMOUR, treatment of incipient. There is slight swelling at the inner angle of the eye opposite the lachrymal sac; no discoloration of the skin. The annoyance of this state—which may continue for years without perceptible increase—are dryness of the corresponding nostril, some weeping of the eye and the necessity more disagreeable than painful, which prompts the patient from time to time to press upon the little swelling to drive through the puncta and sometimes through the nostril the drop of muco-pus contained in the small tumour. This condition may persist for many years; but it is nevertheless true that it develops in the anatomical and physiological constitution of the lachrymal apparatus a troublesome affection which will gradually lead to the formation of a fistula. This state may be remedied, and the result prevented, by irrigation, through a good syringe, up the nostril. The injections to be made daily, then once in two days, and afterwards at longer intervals; their first effect is mechanical—the removal of the obstruction, and then they exert a special action upon the vitality of the mucous membrane. This mode is preferable to injections through the puncta lachrymalia, and though it is not to be preferred to all other measures, it should nevertheless form part of the treatment in every case of incipient lachrymal difficulty.—CHASSAIGNAC, *Bul. de Therapeutique*.

30. NÆVUS, injection of Perchloride of Iron in. Case I. Child aged 11-2 years, with nævus over the left frontal eminence; nitric acid had been applied without success. A small incision being made, some eight minims of the solution were injected; the tumour became hard and swollen, but no constitutional disturbance or local inflammation followed; and within a month, the whole had disappeared with the exception of a few small cutaneous vessels, for the cure of which, a pad of lead was laid over the part, secured by an elastic band, and worn for a week or two. The disease appears to be perfectly destroyed. Case II. Child aged 11, with subcutaneous nævus of the size of a small egg on the side of the neck.

A free division of the diseased structure having been made,

SCIATICA. TRAUMATIC TETANUS. ULCERS. ECZEMA. PHTHISIS.

about twenty minims of the solution were injected. Swelling and solidification were the only consequences, excepting that for three or four days afterwards the girl complained of some pain; no constitutional disturbance and no local inflammation. The induration gradually subsided, and now feels of an almost stony hardness and is about the size of a filbert. The tumour has quite lost its vascular character.—FOSTER, London Lancet.

31. **SCIATICA** treated by croton oil. The most frequent cause of Sciatica is irritation of the nerve within the pelvis, either from impacted feces in the colon or cæcum, or from tumours developed within the pelvis, and acting mechanically on the nerve in that situation. A loaded colon appears to be the most ordinary cause, and the frequency of sciatica in the left thigh is thus accounted for. The treatment is to purge the patient thoroughly with the following pills: *R.* Croton oil, m. j; Blue Pill and Ext. of Hyosciamus, grs. iv; Comp. Ext. of Colocynth grs. viij. Make into eight pills; two to be taken at night and repeated according to the effect. Give also, three times a day, three grains of Sulphate of Quinine. No local applications are to be employed as they appear to be more injurious than beneficial.—HANCOCK, London Lancet.
32. **TRAUMATIC TETANUS.** One drachm of the Tincture of Lobelia was administered, in three cases, every ten minutes; and when the symptoms became mitigated, vomiting was excited by taking a decoction of capsicum. The disease was immediately relieved, and the lobelia being continued in small doses, the spasms entirely ceased.—KNOWLES, Iowa Medical Journal.
33. **ULCERS**, tertiary Syphilitic. In order to restore tone to these ulcers apply lint smeared with this ointment: *R.* Adeps 80 grammes, Pure Tannin 5 grammes; Nitrate acid of Mercury 12 drops.—VENOT, Journal de Medecine de Bordeaux.

Practice of Medicine and Therapeutics.

34. **ECZEMA** treated by the application of cotton-wadding. In 4 years, 21 cases of Eczema, afflicting various portions of the body, were cured by the simple application of cotton-wadding and no other remedy. The success attending this treatment is such that it is employed in preference to any other.—MEND, Hanover Correspondant.
35. **PHTHISIS**, case of. Patient aged 23, and the disease is well marked; right lung cavernous. *R.* Cod-liver oil, ℥ iv; Sol. Carb. Pot. ℥ ss; Pulv. Gum Accacia, ℥ j; Syr. Orange peel, ℥ j; Spt. Peppermint, ℥ ij. A tablespoonful to be taken four times a day. Improvement from the commencement of taking the medicine. Inhalation of the vapour of tincture of Iodine and Creasote,

PNEUMONIA.

PYROSIS.

drops of each, several times daily. Coughing quieted rather than provoked by the inhalation. The patient recovered under this treatment, and, now more than one year, remains apparently well.—CORNELI, Boston Med. Journ.

36. to prevent night-sweats in. Under the ordinary treatment of Phthisis (full diet, cod-liver-oil, and tonics,) the tendency to night-sweats often ceases spontaneously. If it becomes desirable to expedite the process it may be done by the sesquichloride of iron, the mineral acids, and, best of all, the gallic acid. Here is the preparation of a night-draught containing the acid: Acidii Gallici, grs. viij; Acet. Morphine, gr. 1-8; Alcohol, a few drops; Syr. Toltnan., 3 ss; Aq. 3 j. Make the night pill thus: R. Acidii Gallici, grs. v; Hydrochlor. Morphine, gr. 1-8; Mist. Accacine, q. s., ut fit. pil. ij. As much as possible adopt the astringent regimen; the patient to sleep on a mattress, alone, and not heavily clothed; to wear no flannel in bed; as dry a diet should be enforced as conveniently can be borne, and fluid is particularly to be avoided in the latter half of the day, none whatever being taken later than several hours before bed-time.—HUTCHINSON, London Lancet.

37. b. R. Oxide of Zinc, Ext. of Hyosciamus, of each, 4 grains; to be made into two pills and taken at bed-time.—T. THOMPSON, Lectures on Phthisis.

38. PNEUMONIA treated by Digitalis. Make an infusion of from 15 to 30 grains of digitalis in five or six ounces of water, and let the patient take a teaspoonful every hour, from the commencement of the disease, and without any adjunct. Cups are to be applied in cases where there is pleuritic stitch; if there are signs of gastric irritation, give from a half to a grain of tartar emetic every hour, and continue it till there is a decided amendment, and then replace it by the infusion of Digitalis. Usually by the end of the first or second day, the symptoms denoting the constitutional effects of the digitalis appear, and to these effects, which consist in a perversion of the digestive function, and a remarkable diminution in the frequency of the pulse, is a marked remission in the symptoms. Now omit the digitalis, and give simple mucilaginous mixtures. Convalescence is much more rapid by this treatment than when the disease has been treated antiphlogistically by repeated bleedings.—HEUSINGER, Gazette Medicale de Paris.

- 39 PYROSIS, treatment of. 1. Medicines having an astringent effect on the coats of the stomach, as bismuth, lime-water and vegetable astringents as kino, catechu, krameria or logwood. 2. Sedatives, especially opium and the salts of morphia, which probably tend to check the undue secretion of the mucous membrane.

QUININE.

RHEUMATISM.

SQUILLS.

but which are chiefly of use in allaying the gastralgia which attends pyrosis. Five grains of bismuth with the twelfth of a grain of the muriate of morphia, or 5 grains of the Com. kino powder, or an efficient dose of catechu, krameria, or logwood with opium, may be given two or three times a day.

3. Other medicines as the nitrate of silver, half a grain pill, three times daily; nux vomica, in pills of three to five grains, three times a day; quinine; mineral acids. 4. Pyrosis being often connected with anæmia, steel will therefore be of great service both in removing it and preventing its recurrence.—BUDD, *Medical Times & Gazette*.

40. QUININE, to destroy the bitter taste of. Make a strong mucilage of slippery elm bark, in cold water; fill a tablespoonful with the mucilage, and drop in the dose of quinine, and with the point of a penknife or straw gently stir it so as to envelope it fully in the mucilage, minding at the same time not to let the quinine touch the sides of the spoon. Let the dose be swallowed, and nothing but the mucilage will be tasted.—EDWARDS, *Stethoscope*.

41. RHEUMATISM. 1. *R. Liq. Potassæ*, gtt. xv; *Potassæ Iodid.* grs. ij; *Mucil. acaciæ*, ʒj; *Aq. distillatæ* ʒxj. *M. Ft. Haustus*. To be taken three times a day. 2. *R. Potassæ Iodid.* ʒij; *Morphiæ Muriatis*, ʒss; *Ungt. Cetacei*, ʒiss. *Ft. Ungt.* To be applied to each joint as it becomes affected. 3. *R. Opil. parif.* gr. j; *Ext. Colch. Acet.* grs. ij; *Pulv. Scam. Co.* grs. iij. *M. Ft. pil No. ij*, to be taken at night.—*Virginia Medical Journal*.

42. SQUILLS, administration of. The following affections are those in which the various preparations of squills are best adapted. 1. The oxymel is preferred as expectorant in asthma and pulmonary emphysema; 2. In dropsies the powdered squills in small doses, long continued, with an occasional suspension of the remedy; 3. In pneumonia, more particularly at the onset, use the oxymel; 4. In phthisis, when expectoration becomes difficult, some benefit may be obtained from the administration of the powder.—*Memoire of CHETEAU*.



NELSON'S

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Clinical Department.

Clinical Lectures on Diseases of Women and Children,

DELIVERED IN THE UNIVERSITY OF NEW YORK BY

Professor Gunning S. Bedford.

REPORTED FOR NELSON'S AMERICAN LANCET,

By T. A. GREGORY, M. D.

LECTURE XLIII.

The Uterus and its appendages, their structure; the modifications of structure in Pregnancy; the uterus in health and disease; its physiological action; normal position of the organ; does it enjoy much mobility; uterine displacements.—Ante-version of the Uterus from a collection of hard fecal matter in the rectum; removal of the accumulated feces by the introduction of a small spatula.—Constipation and Diarrhoea in Pregnancy.—Suppression of the menses in a girl, aged 18 years, the suppression following an attack of Scurvy? What is the cause of Scurvy? Has it any influence over the menstrual function?—Falling of the womb in a married woman, three months pregnant, with inability to pass water.

The Uterus and its appendages; their structure; the modifications of structure in pregnancy; the Uterus in health and disease; Its physiological action; normal position of the organ; does it enjoy much mobility; uterine displacements.

GENTLEMEN:—

The uterus, and its appendages, whether we regard them in connection with their physiological action, or their pathological changes, are among the most remarkable organs in the entire system. The truth of this remark you have had ample opportunity to test in this Clinique where you have seen almost every variety of disease and displacement to which these organs are subject. You have studied them in health; and you have studied them, also, in affections both functional and organic. You have marked the important influence they exercise over the economy—in health ensuring harmony to the mechanism, whilst under the influence of morbid action they produce the most varied disturbances. HIPPOCRATES, centuries ago, observed: "*Uterus excentorum morborum causa*;" and if, in this remark, we recollect that he did not limit himself exclusively to the uterus itself, but intended to embrace what may be termed the reproductive organs of the female, whilst we admire his sagacity at that early period of our Science, we cannot but be struck with

the truthfulness of his judgement. I propose to-day to make some general observations on the uterus itself, more especially in reference to its structure, its normal position, and the displacements to which it is liable. The structure of this organ is composed of various elements, and consequently it is subject to numerous diseases. Its structure may be said to present: 1st. An external covering, which consists of anterior and posterior duplications of the peritoneum; 2d. An internal covering or lining membrane, which is essentially mucous in its healthy functions, and in its pathological changes; 3d. An intermediate muscular tissue; 4th. Blood and lymphatic vessels; 5th. Nerves. 6th. Ligaments. It must be apparent to you that the union of such varied tissues in an organ must necessarily expose that organ to varied and numerous diseases. For example, its external investment, the peritoneum becomes oftentimes the seat of inflammatory action subjecting the patient to the greatest possible peril; the internal investment, the mucous lining, is also subject to inflammation, profuse hemorrhages polypoid and other growths, etc.; the intermediate tissue, consisting essentially of muscular fibre, is the seat of rheumatic attacks, spasmodic contractions, interstitial tumours, calcareous concretions, etc.; the nerves sometimes become affected giving rise to neuralgia, etc.; whilst the blood-vessels, under certain influences enlarge, and endanger life by profuse bleedings; the ligaments, too, are liable to laceration, inflammation, etc.; again, the *cervix uteri* is frequently the centre of serious morbid action—inflammation, ulceration, granulation, engorgement, hypertrophy, and the various malignant growths. In addition to all these maladies to which the uterus is liable, you are not to omit another most important class composed of what may be called its functional derangements, embracing the various menstrual aberrations, etc. Again, study this organ amidst the numerous phenomena, which develop themselves during gestation, the modifications of its texture during this period, the changes in its physiological action, the multiplied sympathies it evokes throughout the economy, etc.; and remember, too, that the increase of size in the impregnated uterus is the result of successive new formations which commencing in the most rudimentary state continue until the highest degree of organization is consummated. When the uterus has attained its full development under the influence of pregnancy, it then enters upon a new series of duty—it becomes the centre, as it were, of two movements, one is the spontaneous and independent contraction of its muscular fibres, the other movement is the result of reflex action derived from the *medulla spinalis*. The object of these combined movements is an expulsive force, which enables the organ to throw the child into the world after it has attained an intra-uterine development sufficient to prepare it for an individual or independent existence. As soon as this last act has been completed, the organ then undergoes new changes in its elementary constitution—the blood-vessels and nerves which, during gestation, were largely developed now diminish in volume, and soon not a vestige can be detected by the eye; the muscular tissue assumes a fatty degeneration, and is no longer

visible. In a word, the organ becomes invested again with a rudimentary character which continues until stimulated to new formations and a more perfect organization by pregnancy. This, Gentlemen, is but an outline, brief indeed, of the peculiarities of the uterus—and if, in addition to what has been said, you take into view the various displacements to which this organ is subject, involving such an infinity of abnormal phenomena and exposing it to such multiplied derangements, the wonder to my mind is *not that the uterus is so often the seat of disease, but that it should enjoy even a comparative immunity from disturbance.* Let us now examine very briefly the various elements which, in the aggregate, constitute the volume of the unimpregnated uterus. 1st. *The external or peritoneal covering.* The entire posterior surface of the organ is covered by peritoneum: whilst it extends only on the two superior thirds of the anterior surface, the inferior third of this surface being in contact through the medium of cellular tissue with the base of the bladder. The peritoneum passes down on the posterior surface of the bladder and reflects on the two upper thirds of the uterus; this duplication forms the anterior fold of the broad ligaments; whilst the posterior fold is formed by the descent of the peritoneum on the anterior surface of the rectum and its reflection on the posterior surface of the uterus. Thus, you perceive, these two duplications of the serous membrane, one anterior and the other posterior, embracing within their folds the uterus and its annexæ, stretch transversely across the pelvic excavation, dividing it into two halves, the front one of which contains the bladder and a small portion of the small intestine, whilst the posterior affords space for the rectum, and also some portion of the small intestine. It may be observed that the adhesion of the peritoneum to the subjacent tissue on the lateral portions of the organ, and to a part of the cervix is not so marked as on the remaining surface where it becomes intimately interwoven, as it were with the substance of the uterus.

2d. *The mucous or lining membrane of the Uterus.* There have been many opinions advanced with regard to the true nature of the membrane lining the cavity of the uterus. Some contending that it is really and essentially a mucous surface—whilst others deny to it *in toto* this character, and declare it to be nothing more than an epithelial covering. COSTE and others, however, have through their researches on this subject, established some exceedingly interesting points touching this question, and have demonstrated beyond all peradventure its mucous properties. It has been shown that the mucous membrane of the os and cervix uteri possesses very different characters from that which invests the body of the organ. In the former, it is smooth and whitish, and of extreme tenacity; whilst on the body of the uterus it is remarkable for its great thickness, and for numerous muciparous follicles imbedded in it; it also assumes more of a reddish colour, and presents a sort of velvet aspect. The entire uterine mucous surface is covered by epithelium, which at each menstrual period is thrown off, and again reproduced. I need not call your attention to the difference in the physical appearance and pro-

perties of the true mucous membrane of the uterus, and this epithelium. Frequently, they have been mistaken one for the other, and hence the opinion that the mucous coat often passes through exudation from the uterine cavity. There are a few well established cases of this kind, but such an event is extremely rare. If you will remember the source from which the mucous lining of the os and cervix is supplied with blood, and then contrast it with that from which the mucous coat of the body of the uterus derives its supply, you will at once have satisfactorily explained not only the difference in the vascularity of these surfaces, but you will also see a reason for the marked difference in the diseases with which they are respectively affected. For example, the cervix is supplied only from the ovarian arteries, which give it but a few small branches; whilst the larger portion of its branches unite with the uterine arteries to furnish the body and fundus of the organ, and especially the mucous coat—and it is, no doubt, to this circumstance that the latter owes its greater vascularity. This again explains another interesting fact, viz.—the remarkable difference in the engorgement of the body and cervix of the uterus at the menstrual crisis. Allow me here to call your attention to another interesting, and both in a physiological and pathological sense, a most important circumstance. It is this—the mucous membrane of the os and cervix uteri is comparatively void of sensibility whilst that of the body of the organ is characterized by more or less susceptibility to pain from external impressions. Every day's experience demonstrates this fact; but I may mention a solitary proof. In introducing the uterine sound, the patient rarely complains of suffering—whilst the instrument is traversing the mucous membrane of the cervix—it is only when it enters the body of the uterus that she manifests pain.

3d. *An intermediate muscular tissue.* Few questions have given rise to more earnest discussion than the peculiar nature of the intermediate tissue of the uterus. For a long time, it was most emphatically denied that muscular fibre entered into any part of its texture; and even now there are some writers, who maintain this latter opinion. But mere opinion is worth nothing unless it accords with facts. Indeed, the only value of opinion consists in its truth. Without this it is worse than dross, and has served in too many instances to confuse, if not retard Science. Now, with regard to this very question, what has the anatomist revealed, and what has he in the most satisfactory manner demonstrated? He has both revealed and proved the existence of muscular structure in the uterus; and yet if you look for this demonstration of muscularity in the organ when unimpregnated, you will be disappointed. Not that the muscular tissue is not there, but it is so modified that its identity cannot be recognized. If, then, you attempt to decide this controverted question by an inspection of the womb in a state of vacuity, you will inflict a wrong upon Science. It is like deciding a question of Law by an examination of one or two points of the evidence. The whole testimony or none is a good maxim in law; and it is equally applicable in medicine. In the unimpregnated uterus, the intermediate tissue of the organ is whi-

tish, possesses extreme density; the muscular fibres are so firmly interwoven with each other that it is impossible to trace them and just as impossible to determine their true nature. On the other hand, you will have no difficulty in deciding as to the character of this tissue if you examine the impregnated uterus—here every thing is changed, through the progressive developments of the various structures consequent upon gestation; and the muscular fibre is not only plainly recognized, but its direction and general distribution is palpable. In fine, nothing is better settled than that the uterus is not only endowed with a really fibrous structure, but that it is essentially in form and in action, a hollow, or if you choose, an orbicular muscle. Its office is to afford accommodation to the fœtus during its intra-uterine life, and then to accomplish its birth by an expulsive force derived from the contraction of its muscular structure.

4th. *Blood vessels and lymphatic vessels of the Uterus.* The uterus derives its supply of blood from two sources, viz.—The ovarian and uterine arteries. The former generally pass from the aorta just below the origin of the renal arteries; they descend along the vertebral column, behind the peritoneum, and in front of the psoas muscle and ureter; they then pass between the duplications of the broad ligaments, and dividing into several branches they supply the cervix, body, and fundus with blood; anastomosing in the two latter portions of the organ with branches of the uterine arteries; these latter, the uterine arteries, one on each side, are given off by the hypogastric or internal iliacs, and proceed to the lateral portions of the uterus, and then in conjunction with the ovarian vessels distribute themselves through the substance of the organ. Before puberty these vessels are extremely small, and convey to the uterus but little blood for the reason that it is without function, and needs no more blood than is necessary for its nutrition. Indeed, in this particular, they may be considered the analogies of the two branches of the pulmonary artery during Fœtal life—these convey to the lungs of the Fœtus, which are also without function, just blood enough to maintain their vitality. But as soon as respiration is established, and the Fœtus commences its independent existence, the surplus blood which before passed through the ductus arteriosus to the aorta, passes through the right and left branches of the pulmonary artery, respectively to the right and left lobes of the lungs, for the purpose of purification. So also, when puberty has been attained, the blood-vessels of the uterus have new duties to perform—the wants of the organ are greater for the reason that its specific function, menstruation, commences. Hence, there is a monthly sanguineous congestion of the uterus.

The veins are likewise distributed throughout the parenchymatous structure, and what is worthy to be recollected they are without valves. This latter circumstance, together with the peculiar position of the uterus, preventing the free return of venous blood, is oftentimes a predisposing cause of undue congestion of the organ, thus exciting in it more or less disturbed action. The lymphatic vessels of the uterus communicate

with the pelvic ganglia; and those of the cervix communicate, also with the lymphatics of the anterior portion of the vagina. You will occasionally observe in carcinoma and other affections of the cervix uteri engorgement of the inguinal glands. This may be explained by the anomalous distributions of these lymphatics to which attention has been directed by certain writers. In metritis supervening upon child-birth the lymphatic vessels of the uterus will frequently be found filled with pus.

5th. Nerves of the Uterus. The uterus is supplied with nerves from the ganglionic and cerebro-spinal systems—the former, the ganglionic nerves, come from the renal and hypogastric plexuses, and are distributed freely throughout the structure. The cerebro-spinal nerves are furnished by the sacral plexus, and are distributed by anastomosis and otherwise with the ganglionic nerves on the various portions of the uterus. It has been very positively denied that the uterus receives any nerves whatever from the cerebro-spinal axis, and one of the most formidable advocates of the opinion is M. BOUILLAUD; and on the other hand JOBERT maintains that the projecting portion of the cervix uteri is entirely deprived of nerves, and is, under all circumstances, insensible. As to the complete insensibility of this part of the cervix in some cases, he is, perhaps not altogether wrong—but to deny that it never becomes the seat of pain is at variance with actual experience. To the opinions of BOUILLAUD and JOBERT may be opposed the researches of HUNTER, and in our own times, of TIEDEMAN, ROBERT LEE, MULLER, etc., who have positively recognized in the uterus, in the cervix as well as in the other portions of the organ, distributions of the cerebro-spinal nerves.

Normal position of the Uterus; Does it enjoy much mobility? The uterus is contained within the pelvic excavation, supported below by the vagina, having in front the bladder with the bas-fond of which it is connected at its inferior third, posteriorly the rectum between which and the posterior surface of the uterus is the triangular fossa; and above in front, and behind, the small intestines. These are the respective relations of the unimpregnated womb; its long axis is slightly oblique from above downward. The question now naturally arises is the uterus an organ, which enjoys a great degree of mobility? You will find, Gentlemen, that there are few organs in the system which possess this property to a greater extent. In the first place, the bladder which is immediately in front often becomes greatly distended with urine, and thus exerts a pressure against the uterus to which this latter yields constituting a retro-version; again, a distended rectum will throw it forward, and thus we have ante-version; the small intestines, if much loaded will exercise a pressure which will dispose the organ to become prolapsed; whilst the vagina relaxed under the influence of disease, or from the efforts of child-birth, will become measureably unable to give the organ its proper support, and hence again prolapsus to a greater or less extent. In addition to these,

there are other causes, which will produce deviations of the uterus—such for example, as the weight of a fatty omentum, the accumulation of fluid in the abdominal cavity, enlarged ovaries, the presence of tumors, the corset, and other absurdities had recourse to by the devotees to fashion, for the purpose of imparting grace to the figure, a grace oftentimes purchased at a heavy cost. An enlarged, as also a contracted pelvis will greatly, under certain circumstances, influence the position of the uterus. To these various influences may be added falls, blows, etc. You see, therefore, that the uterus is characterized by great mobility, resulting frequently in displacements, some of which are transitory, whilst others are more permanent calling for the interposition of Science. When you consider the numerous causes of uterine displacement more or less constantly in operation, together with the peculiar offices of the uterus itself, you cannot regard this mobility of the organ in any other light than as a conservative act of nature. Suppose, for instance, the case of a distended bladder; if the uterus under such circumstances, were fixed, and did not yield to the pressure exercised against it, the consequence would be serious inflammation of one or both organs, between which and displacement no comparison, so far as the safety of the patient is concerned, can be instituted. Again, many women suffer severely from injury to the neck of the uterus during sexual intercourse, especially in cases where there is disproportion between the male and female organs. How much more frequent, and more intense would this suffering be if the uterus at the time of intercourse were immovable! Its very mobility is, in this case, its only protection against excessive injury.

Displacements of the Uterus. The displacements to which this organ is liable are numerous, and are as follows; 1st. Ante-version; 2d. retro-version; 3d. right latero-version; 4th. left latero-version; 5th. ante-flexion; 6th. retro-flexion; 7th. an anterior doubling of the uterus on itself; 8th. A posterior doubling; 9th. Prolapsus; 10th. Procidencia; 11th. Inversion.

Ante-version of the Uterus from a collection of hard fecal matter in the rectum; removal of the accumulated feces by the introduction of a small spatula.

Mrs. W., aged 26 years, married, the mother of one child, one month old, complains of a severe bearing-down pain in her back passage, with a frequent desire to pass water, but an inability to void more than a small quantity at a time; she is laboring under obstinate constipation, sometimes passing a week without an evacuation, and then after excessive straining, she is only able to pass a small piece of hardened fecal matter. How long, my good woman, have you suffered from constipation? I begun to be bound in my bowels, Sir, about four months after I became pregnant, and I have been troubled in that way nearly all the time since. How long have you felt the bearing-down pain in your back passage? Ever since the birth of my child, Sir. Now tell me, if you please,

whether you have had this frequent desire to pass water a long time? No Sir, I was not troubled with it until my babe was born. This case, Gentlemen, is one of much practical interest; I have made a very careful vaginal examination, and have no difficulty whatever in accounting for the bearing-down pain, the frequent desire to void urine, etc., of which this woman complains. She is laboring under ante-version of the uterus, that form of uterine displacement in which the fundus of the organ is thrown forwards, pressing more or less against the bladder, and the cervix is thrown in the opposite direction. Ante-version, though much more rare than retro-version in the unimpregnated state, is, however, occasionally met with. It is generally said by Authors that this character of displacement never occurs in pregnancy. This may be true, or at least I can readily imagine its comparative rarity in the earlier periods of gestation before the fundus uteri has ascended above the brim of the pelvis. I have never seen a case of ante-version under these circumstances; but at a later period, especially from the 6th to the 9th month, ante-version does sometimes really take place, not in primiparæ, but in women who have borne several children, and whose abdominal parietes have become so relaxed as to be inadequate to give proper support to, and retain in its position the developing uterus. In such case, the fundus falls forwards giving a peculiar and remarkably protuberant aspect to the abdomen. I have seen two cases of this kind, one of which has been reported. The case I allude to was that of the Lady at Fort Hamilton, whom I saw in consultation with Drs. CARPENTER and ELWES; she had been in labor for several days—the fundus of the womb had fallen forwards and the cervix was directed backwards, so that all efforts on the part of the uterus to expel the child was abortive for the reason that the head was pressing against the sacrum. In this instance, I performed version and saved both the mother and child. But let us return to the case before us. This woman complains of pressure on the back passage, obstinate constipation, a frequent desire to pass water, etc. It is by no means an uninteresting point to enquire whether any connection can be established among these phenomena, and whether such connection will stand in the relation of cause and effect. In the first place, we are informed by this patient that she has suffered more or less from constipation since the fourth month of her pregnancy. Secondly, the bearing-down pain, and difficulty with her water, have only manifested themselves since the birth of her child. These facts are so far very important in tracing this connection; and now let us see what has been developed by a vaginal examination. I find, by this examination, the fundus uteri pushed forwards pressing upon the bladder, whilst the cervix is turned in the opposite direction; and another most important fact I have ascertained, viz.—*the rectum is greatly distended with lumps of hard fecal matter.*

Here, then, is a case of displacement of the uterus, ante-version, produced solely by the mechanical pressure of the distended rectum against the posterior surface of the organ; in the absence of any antagonizing

force the uterus has fallen forwards, and hence the displacement. With these facts, nothing is easier than to establish the connection to which I have alluded. The constipation is the first link; the collection of *fecal* matter in the rectum, the immediate result of the constipation, is the second link; the ante-version the direct consequence of the distended intestine, is the third link; and the frequent desire to void urine, etc., the result of the pressure of the fundus uteri against the bladder, is the fourth link. Now, Gentlemen, permit me to ask you, what is the course of treatment to be pursued in this case—what is the indication which common sense points out? Why, undoubtedly, to remove the constipation by appropriate remedies. It is, however, most desirable in these cases in which there has been a collection of *fecal* matter for a long time in the rectum, not to wait for the operation of medicines, but to remove it with an instrument. If I were to order an enema for this woman, the great probability is that it would not pass into the intestine because of the obstruction; and the operation of a cathartic would be very apt to be greatly retarded by the presence of these lumps of *feces*. But the important argument in favour of removing the *feces* with an instrument is, that it will afford immediate relief to the patient—for as soon as the distension of the rectum subsides, the uterus will cease to be pushed forward, and the symptoms consequent upon the displacement will also cease to have an existence. Now, my good woman, if you desire it I will relieve you from your suffering by a very simple operation. You won't cut me, Sir, will you? Indeed, I will not; but I will necessarily be obliged to give you a little pain. Well, Sir, if you will only relieve me, I will submit. That's right, my courageous woman. I now propose, Gentlemen, to bring away the *fecal* matter from the rectum, which may be done either by means of this small spatula, or by the introduction of the index finger; and here allow me to remind you that a physician should never be above his duty, even if that duty involve the necessity of a *fundamental* operation. [The patient was placed on the bed on her left side; the Professor then having oiled the spatula introduced it into the rectum, and by gentle manipulation removed in successive lumps a large quantity of *feces*. The patient after the whole had been brought away expressed herself much relieved, and said she had not felt so free from suffering since the birth of her child.] The next thing to be done for this patient is to prescribe a cathartic; and for this purpose, I shall order.

R. Olei Ricini, ℥j.

If, after this, she should need other medicine, let her take as occasion may require a wine-glass of the following saline mixture:

R. Sulphat. Magnesiae,	} aa. ℥j;
Sup. Tart. Potassae,	
Aquæ puræ, Oj. Ft. Sol.,	

Constipation and Diarrhoea in Pregnancy. We have had in the Clinique from time to time a great number of pregnant females, some seeking advice for one trouble, others for another, etc.; but the almost

constant fact, which we have observed, and which accords with daily experience in practice is—that all were more or less subject to constipation. Indeed, it may be said that regularity of the bowels during gestation is the exception, whilst constipation is the general rule. If this proposition be correct, and there is no question as to its truth, the enquiry naturally arises—why is this? Laying aside those cases of constipation, which are to be attributed simply to carelessness and neglect, there are numerous others continually occurring during the pregnant state, which need some other explanation. We know very well that the uterus in a state of gestation awakens in the economy numerous sympathies—and these sympathies cannot exist without more or less derangement of the healthy or natural functions of the particular organs with which they are connected. For example, nothing is more common in pregnancy than disturbance of the stomach, hence vomiting is one of the usual accompaniments of this state; so likewise do the heart, lungs, kidneys, liver, and the nervous centres, etc., become more or less deranged in their respective functions; and these sympathetic influences are produced through the ganglionic system of nerves which becoming more or less the seat of irritation in the uterus transmit the irritation through ganglia and plexuses to other organs of the system. I believe that to a certain degree the constipation so common in pregnancy may be explained in the same way, the regular action of the intestinal canal being modified in consequence of a want of healthy nervous power from the ganglionic nerves; this, at all events, in my opinion, is the true explanation of torpor of the bowels in the earlier months of gestation; and I, therefore, am disposed, as a general rule, to regard constipation as an accompaniment of pregnancy for the same reason that I do nausea, vomiting, etc., each being traced to the same cause, viz. irritation of the ganglionic system of nerves. But at a later period of pregnancy, there is an additional cause brought into operation, pressure of the uterus against the intestine; this shows itself most sensibly during the last four months of gestation, for at this period the uterus compresses the large intestine just as it passes from the left iliac fossa to the sacrum, and hence there is more or less obstruction at this point to the descent of the faeces into the rectum. It may be asked why, when the impregnated uterus becomes largely developed in the abdominal cavity, the whole intestinal canal does not suffer from compression? The simple reason is, that the intestines above the pelvis enjoy great mobility, and are, therefore, from this cause enabled to accommodate themselves to the impregnated uterus. But, Gentlemen, you will occasionally encounter an opposite state of the bowels during gestation—I mean diarrhoea; and it is proper for you to remember that the same causes capable of producing diarrhoea when pregnancy does not exist may also display their action during this state—such as improper food, cold, etc., and again diarrhoea in pregnancy as in other conditions of the system, will sometimes be the direct consequence of the constipation. Have you never, for example, seen a case

of protracted constipation followed by severe diarrhœa? If you have not, such instances will undoubtedly occur to you in practice. In these cases, the intestinal canal becomes excessively irritated by the presence of fecal matter, and the consequence is more or less profuse diarrhœa. Now one word, by way of parenthesis, as to the treatment of this latter form of diarrhœa. Give astringents, you will probably destroy your patient; on the contrary, administer a good cathartic medicine—sweep the whole intestinal canal, remove the offending cause, viz., the accumulated fecal matter, and you will not only arrest the diarrhœa, but you will restore your patient to health. There is, however, Gentlemen, what may be called the *diarrhœa of pregnancy*—that is to say, diarrhœa will sometimes supervene upon pregnancy almost simultaneously with the inception of this state, produced by a peculiar position of the ganglionic nerves; so that, although far less frequent than constipation, yet diarrhœa may be considered an occasional symptom of gestation. Although, both constipation and diarrhœa may be said to be, under certain circumstances, the accompaniments of pregnancy, yet they will sometimes, if not controlled, lead to serious consequences, and they, therefore, require the attention of the physician. For example, constipation will oftentimes be productive, especially in plethoric women, of head-ache, general nervous irritability, fever, insomnia, etc.; and diarrhœa, also, may by debilitating the system give rise to unpleasant results; but *what is most to be apprehended is its tendency in women of great nervous susceptibility to produce miscarriage.*

Treatment. It is very desirable during gestation to assist nature in overcoming the usual torpor of the intestinal canal; and for this purpose, I am in the habit of ordering a simple enema of warm water early in the morning—or what very frequently answers an excellent purpose, a tumbler of cold water drunk as soon as the patient leaves her bed. Sometimes it may be necessary to give a little manna dissolved in water; and again one or two of the following pills may be administered according to circumstances:

R. Massæ Hydrar. gr. xij;
Saponis, gr. xij;
Assafœtidæ, gr. vj.

Ft. Massa in pil vj dividenda.

Much, may, however, be accomplished by diet, such as vegetables, fruits, etc., in overcoming this tendency to constipation. The diarrhœa must be treated on general principles—should it result from improper food or constipation, a purgative will be indicated; if from nervous irritability, calming enemata, etc.

Suppression of the menses in a girl, aged 18 years, the suppression following an attack of Scurvy. What is the true cause of Scurvy? Has it any influence over the Menstrual Function?

ANN V., unmarried, aged 18 years, has suffered from suppression of her courses for the last four months. How long, my good girl, have you

been in this country? Just two months, Sir. Are you from Ireland? Yes Sir. Had you a long passage across the Atlantic? We were 97 days, Sir, coming over. What was the state of your health before you left the old country? It was always good, Sir. Were your turns regular? Always, Sir, until I got the Scurvy at sea. How do you know you had the Scurvy? Oh! Sir, there was fifty of the passengers who had it, and eleven died. We were all in a dreadful state, Sir, and the Doctor said it was a wonder we did not all die. Had you any sores about you? Yes indeed, Sir, we were all troubled in that way. How long after you were attacked with Scurvy was it when your courses stopped? I caught the Scurvy, Sir, a month after I was on board the ship, and I have not been regular since that time. What had you to eat on ship-board? For the first month, Sir, we lived on potatoes and rice; but the passage was so long that our vegetables gave out, and we had nothing but salt meat for nearly two months. Here, Gentlemen, is a case of menstrual suppression under what, perhaps, may be denominated extraordinary circumstances. I have no doubt that the irregularity was produced by the disease—scurvy—contracted by this girl on ship-board. Functional diseases of the uterus are of both local and constitutional origin; and in the case of this girl, you have an example of the latter influence in determining the menstrual suppression. The pathology of Scurvy is an alteration in the blood—and this alteration is undoubtedly due to a peculiar kind of diet to which the individual has been subjected. The fact, I think, is abundantly established that the exclusive use of salt provisions is the true cause of this disease, through the changes they produce on the blood. It has been shown that in a state of health the blood presents a fixed composition, viz. fibrine, globules, serum, salts and water in certain proportions; and that both food and disease are capable of modifying this character of healthy blood. There have been several attempted explanations of the *modus operandi* of salt provisions in the production of scurvy—and there is one theory propounded by DUMAS, which is not unworthy of consideration. He has shown by experiment that the colour of the arterial blood is traceable to the red-globules, and is altogether independent either of the albumen, serum, or fibrine in the circulating fluid, and even of the vital action of the animal itself. Again, he has established the fact that certain salts enable the blood to become arterialized, whilst others deprive it of this property. Among the former he classes the Sulphate of Soda, and Phosphate of soda, etc.; and among the latter the Murates of Potash and Soda. Now as the proportion of the Muriate of Soda in salt meats is very great, he establishes between the exclusive use of salt meats and Scurvy the connection of cause and effect.

Treatment. This girl appears to have recovered completely from her attack of Scurvy—and were it not for the irregularity under which she labors, she would be in the enjoyment of good health. It is to be remarked that she does not present those general constitutional symptoms of

disturbed action, which are so common in this form of menstrual aberration, and to which your attention has been so often directed. She presents, as you perceive, the aspect of an anæmic patient—her pulse indicates but little force, and in every respect she appears to need a tonic treatment. With this view, I shall order the following pills, one to be taken night and morning:

R. Aloes Barbadoes, ℞ij;

Sulphat ferri, ℞j.

Ft. Massa in pil xx dividenda.

Falling of the Uterus in a married woman, three months pregnant with inability to pass her water. Mrs. W., aged 29 years, married, the mother of two children, the youngest 14 months old, says she feels a very uncomfortable pressure about her front passage, and has great difficulty in passing her water; for the last twelve hours she has not been able to evacuate the bladder, and she is now in much distress. How long, my good woman, have you felt this pressure on your back passage? I have felt it more or less, Sir, since the birth of my last child. Had you any difficulty with your last labor? No particular difficulty, Sir, but I suffered for three days before my child was born. How long after the birth of your child did you leave your bed? I was obliged to leave it, Sir, the next day. Why so? Because I had no one to do anything for me, and I had to look after my little family. What was the state of your bowels at that time? They were confined, Sir; and I am a good deal troubled in that way now. Did you nurse your last child? Yes Sir—and I am nursing it now. Have you had your courses since its birth? No Sir—I never have them while I am nursing. Do you think you are pregnant? Oh! No Sir; I never become pregnant until after I wean my children. Well, my good woman, I can assure you that in this instance there is an exception to the general rule, for *you are pregnant*. The case before you, Gentlemen, presents several points of more than usual interest, which are well worthy of attention. This patient I have very carefully examined, and find her condition to be as follows: 1st. She has prolapsion of the uterus; 2d. She is at least three months advanced in pregnancy; 3d. She experiences much difficulty in passing her water, and for the last twelve hours she has suffered from complete retention of it. Another circumstance of interest is the fact that she has become pregnant whilst nursing her child, and without a recurrence of her courses since her last accouchment—a circumstance which you will occasionally see in practice, but which must be regarded as an exception to the general rule. The first point of enquiry is as to the cause of the prolapsion of the uterus. In reply to my question, you will remember this patient stated that she left her bed the day after her confinement, and that she had been habitually constipated. You have, therefore, with this statement before you, no difficulty in connecting cause and effect, so far as the displaced uterus is concerned. I have often reminded you that a common cause of prolapsed uterus is *too early getting up after delivery*. At this

time the uterus is much increased in size and weight, the vagina is greatly relaxed, and the almost necessary result of the upright position under these circumstances will be falling of the organ to a greater or less extent. If to these circumstances be added constipation, you can without difficulty imagine how rarely a recently delivered female, under the operation of these combined influences, will escape displacement of the uterus. The practical conclusion, therefore, is never to permit your parturient patient to leave her bed, or at least to assume the erect position, until after the expiration of the tenth day, and sedulously to guard against constipation. It is not usual to observe prolapsion of the uterus after the 8d or 4th month of gestation, whilst it is proper for you to remember that you will occasionally observe it previous to these periods. As I have explained to you, on former occasions, the uterus ascends after the third month, and consequently as a general rule, the organ becomes in this way replaced. You can readily understand why this patient should suffer from difficulty in passing her water. The prolapsed uterus makes undue pressure on the neck of the bladder, and thus mechanically prevents the free evacuation of the fluid, and has for the last twelve hours caused complete retention. These same obstructions you will sometimes encounter in the last months of pregnancy from the fact that the anterior segment of the neck of the uterus tends to descend, and this presses on the bladder.

Treatment. I have repeatedly called your attention to the absolute necessity of comprehending thoroughly *what the matter is* before attempting to suggest remedies. You must at once perceive how emphatically this precept applies to the case before us. Here for example, is a woman, who complains of an uncomfortable pressure on her front passage, and a difficulty in voiding her urine, with entire retention for the last twelve hours. The pressure on her front passage may arise from various causes—but it is highly important that you should entertain no doubt on the subject, and proceed with due care to ascertain in what the true difficulty consists. Again, a female may experience difficulty in voiding her urine from numerous influences. Not to mention other causes, I will merely state that she may be unable to pass water, because there is *none secreted*. Is it not, therefore, of cardinal importance to make just distinctions in these cases? What would be the consequence if we were to treat this patient for suppression instead of retention? Why undoubtedly, we should not only aggravate the difficulty, but it would be fortunate indeed, if one did not cause rupture of the bladder from over-distension, and consequently the death of the patient. We have ascertained that the true difficulty with regard to the water is the mechanical obstruction caused by the prolapsed uterus. The general indication, therefore, is, as far as may be, to remove this pressure, and liberate the bladder from the obstruction imposed upon it. But there is another more immediate object to be fulfilled, which is to relieve the patient from the retention under which she has labored for the last twelve hours—and this must be done by the introduction of the catheter. [Here the patient was placed on

the bed, and the Professor introduced the catheter, and drew off more than a quart of fluid, to the evident relief of the woman, who said she had been in much agony for the last four hours.]

The next point to be attended to in this case is to remove the pressure of the uterus from the bladder—and for this purpose much may be gained by position. The patient should be kept as much as possible in the recumbent posture with her hips elevated. But this is a mode of treatment to which the poor and dependent cannot submit, for their time is their capital, and they cannot afford to remain idle as long as they are free from serious disease. In such cases the pessary may be employed with a view of giving support to the uterus, and preventing pressure on the bladder. I shall use in this case the globular india-rubber pessary, which you will find well suited to these cases. It will be necessary before introducing the instrument, to replace the uterus, which may be accomplished without difficulty, if you will bear in mind the *peculiar direction necessary to impart to the organ as you attempt to replace it*. The uterus, you will recollect, is not out of the vagina—it is simply in a state of prolapsion, the mouth of the organ bordering on the outer portion of the vulva. Therefore, in this condition of things, you must with your fingers lubricated with oil, gently grasp the lower portion of the uterus, and push it upwards in a line parallel to the axis of the superior strait. As soon as this is accomplished, the pessary is then introduced. [The Professor, in following the directions just given, first replaced the prolapsed organ, and then introduced the globular instrument.] This patient, it is very probable, after the fourth month of her pregnancy, will not require the use of the pessary. Let me here, Gentlemen, caution you against one circumstance—which it may appear unnecessary to allude to, but which has sometimes resulted seriously to the patient, and in chagrin to the practitioner. It is this—suppose the patient had a pessary in her vagina at the time of labor, would not common sense tell you that it should be removed? Such would very naturally be the suggestion of common sense, and yet the history of obstetric medicine records more than one instance in which it having become necessary to introduce the pessary during early gestation for prolapsion of the uterus the instrument had been suffered to remain in the vagina during labor until, forsooth, it was ascertained in consultation, that the impediment to delivery was occasioned by the presence of the pessary!

[In addition to the above the following cases were introduced at this Clinique: Convulsions in an infant 4 months old; Crustea lactea; Hydrocephalus; measles; inflamed umbilicus; epilepsy in a girl aged 16 years; chorea; dysmenorrhœa; ovarian dropsy.]



Original Department.

Art. XX.—New Methods of Detecting the Smallest QUANTITY OF STRYCHNIN IN CASES OF POISONING.

By HENRI EMMI, Esq., PH. D., PROFESSOR OF CHEMISTRY
IN THE UNIVERSITY OF VERMONT.

The chemical processes known for detecting mineral poisons in toxicological cases are generally of such accuracy as to enable the analyst to indicate their presence with certainty in the smallest quantities, and thus lead to the conviction of the criminal. But far greater are the difficulties we have to overcome in tracing satisfactorily organic poisons, such as many of the alkaloids, especially when mixed with much foreign matters; indeed, in some instances it may almost amount to an impossibility. The reasons for this are evident:

1st. The combinations into which they enter with other bodies are seldom so insoluble that we can extract and isolate them without sustaining considerable loss, nor are they distinguishable by other characteristic properties, such as colour, taste, or odour, like the majority of mineral ingredients;

2d. Many of their combinations, and products of decomposition have not yet been studied.

There are, however, some remarkable exceptions among which particularly Strychnin must be classed. The methods advised of late for its detection I have rigorously and repeatedly tested, and below I give the results showing how these methods may be applied to various mixtures poisoned with Strychnin, simplified so as to enable medical men, who have long since escaped from ill-ventilated laboratories, to make use of them in cases of necessity.

Strychnin (N2. C44. H24. O4., or N2. C44. H23. O4.) and its salts, especially the latter from their solubility, constitute some of the most fearful poisons; half a grain brought into the stomach of rabbits, dogs, and cats, or sprinkled into small cuts, kills within three to five minutes, first inducing spasmodic movements and then general tetanus and death.

Dissections of men and animals, who died from the effects of this poison, show, according to ORFILA (*Traité de Toxicologie*) the same changes in their organs as are exhibited in Asphyxia, none, however, being observed in the intestinal canal.

The best antidotes for Strychnin are said to be infusions of gall-nuts or strong tea (tannin precipitates Strychnin.) Strychnin is sparingly soluble, requiring 7000 parts of cold and 2500 parts of boiling water; it is intens-

ly bitter : the cold solution when diluted with 100 parts of water tastes yet strongly so ; It is insoluble in ether and anhydrous alcohol, but soluble in alcohol containing water, more especially so when the alcohol is hot. It is sold in the form of minute white four-sided prisms, or as a white granular powder. When pure it is coloured yellow by nitric acid ; a trace of Brucine (which it frequently contains;) produces a red tint. Concentrated Sulphuric Acid, which is used for the reactions I now proceed to describe, dissolves pure Strychnin without any change of colour. However if the Strychnin contains Brucine, the colour produced may vary from a peach-blossom red to a nearly blood-red tint.

Much depends upon the skill and experience of the experimenter to ensure constant success in tracing small quantities of Strychnin in complicated cases. The method chosen among the three described (I prefer the last two,) ought first to be practiced on un-mixed Strychnin, as the distinctness and beauty of the reactions go hand in hand with the knowledge of how much to add of each reagent ; the smallest fraction of a grain of Strychnin is sufficient for one experiment, which is best conducted in a common test-tube, or a watch-glass placed on a piece of white paper, or a small wine-glass will also answer as well.

1st METHOD. A trace of Strychnin is brought in a test-tube, dissolved in a few drops of concentrated Sulphuric acid (Oil of Vitriol) containing one per cent of Nitric Acid (the solution is hastened by rubbing or stirring with a glass-rod;) then add carefully and gradually a small quantity of finely powdered Peroxide (Binoxide) of Lead* when the mixture assumes a handsome violet colour passing shortly into red and at last into yellow. Or, we may grind a little Strychnin with about an equal quantity of Peroxide of Lead, in a watch-glass, and with a glass-rod add a drop of the Sulphuric Acid.

2nd METHOD. Dissolve Strychnin in concentrated Sulphuric Acid, and add a drop of a concentrated solution of Bi-chromate of Potassa, when a most beautiful violet colour which, as in the first case, passes through the various stages of red and yellow.

3rd METHOD. Dissolve a little Strychnin in concentrated Sulphuric acid and add a drop of a strong solution of Ferri cyanide of Potassium (Red prussiate of Potash), when the mixture becomes strongly and beautifully violet. According to the quantity of Strychnin and Sulphuric Acid we must add one or more drops of Prussiate of Potash to obtain an intensive colouring. The colour produced is neither constant but lasts perhaps the longest. I traced thus incredibly small quantities of Strychnin when admixed with sugar, starch, arrow-root, or gum.

Suspected tea, wine, etc., are first evaporated in a water-bath (bring the liquid in a tea-cup,) placed in a vessel in which water is boiling. Or,

* Some of this puce-coloured compound when made from red lead and Nitric Acid, frequently contains traces of the acid, then it is superfluous to add Nitric Acid to the Oil of Vitriol. Strychnin can also be recognized in the same way by using black oxide of Manganese and Oil of Vitriol.

in case there is a white suspicious sediment, pour off the liquid and add to the powder rather an excess of strong Sulphuric Acid and then a few drops of Chromate or Prussiate of Potash (a trace of the solid salt answers too,) and where the reagents first come in contact the change is especially conspicuous.

I next prepared a mixture of vegetable and animal food (having no animals to experiment upon;) and poisoned it with Strychnin; 1 pound of the food was mixed with 1 centigramme (0.1544 grains) of Strychnin, the mass was put away for several days. I then added acetic acid sufficient to make the mixture acid, and after some hours standing it was filtered, the residue washed with water acidulated with acetic acid and the filtered liquid evaporated in a water-bath; the black dry mass thus obtained was heated with alcohol for some time, and after the insoluble remainder was washed with alcohol containing a little acetic acid, filtered, and once more evaporated to dryness. The dark coloured mass now obtained was treated with water and acetic acid, the solution heated with animal charcoal and filtered; afterwards the charcoal upon the filter was washed in diluted acetic acid, and evaporated to syrup consistency. The mass although not sufficiently discoloured with coal—being still pretty dark—was experimented upon. When a part of the mass was brought in a watch-glass and treated according as the one or the other method requires the violet colour distinctly appeared. The third method appears to be executed the safest. Milk, or the contents of a stomach may thus be examined for Strychnin.

When more at leisure I intend to test for some of the other alkaloids. Two experiments made with the extract of Aconite, which I administered to cats (one only dying) shut up in a box lined with oiled-cloth to collect the vomit, were not satisfactory.

Burlington, November, 1864.

Art. XX.—Treatment of Typhoid Fever.

By J. E. STEWART, M. D., OF JACKSON, TENNESSEE.

I have successfully treated about thirty cases of Typhoid Fever, during the past Summer and Fall, upon the following plan:

R. Sulph. Quinæ, gr. xij;

Capsici, gr. xx;

Gum. Myrrhæ, gr. vj;

Gum. Accaciæ, q. s. Make into six pills; one to

be taken every two hours until 12 M. And thus continue every morning. At 5 P. M. a tablespoonful of Mist. Camph. Co. Three ounces of Brandy to four ounces of water, of which a tablespoonful is to be taken once in three hours until 12 M. If the bowels require acting upon give pulverized charcoal with carbonate of magnesic; if they are too loose, give from 15 to 75 drops of Laudanum according to the urgency of the symptoms. If there is headache apply cloths wrung out of cold water to the forehead;

and if much abdominal pain apply a blister. Under this plan of treatment all my patients recovered in from seven to thirty days.

Art. XX.—An Interesting Case of Hydrometra.

By O. C. GIBBS, M. D., OF PERRY, OHIO.

In the summer of 1851, I was called to see Mrs. NICHOLS, aged about — years. She complained of abdominal enlargement, which had been slowly increasing for several years. Her general health was tolerably good; she being able to do her own work for a small family. She had borne two children, the youngest being about five years of age. More than a year ago her family physician pronounced her pregnant, and recently another physician had been treating her for ascites. Her abdominal enlargement corresponded very nearly with that of a female six months advanced in pregnancy. An examination of the abdomen revealed fluctuation. Percussion gave a dull or flat sound in front, with resonance near the spine; and the relative position of dullness and resonance, was the same whether standing or lying upon the back or side.

The case was evidently one not of ascites, or abdominal dropsy, as the intestines would float to the upper part of the liquid, and there give their peculiar resonance, in whatever posture the patient might be; dullness being elicited at the most depending portion of the abdomen. The case was presumed not to be ovarian dropsy, from the central position of the tumour, and a vaginal examination identified the enlargement with the uterus. The cervix uteri was nearly obliterated, as in pregnancy at full term, and consequently, situated so high in the pelvis as to render a digital examination at best but imperfect. The os tincæ was dilated to the size of half a dime, and the walls of the cervix were nearly as thin as parchment. Within the os uteri, the finger detected a substance not at all unlike the membranes of an impregnated uterus, or the smooth surface of a polypus. There had never been uterine hemorrhage, nor vaginal discharge of any kind, except at monthly intervals, when the menses appeared natural in character and normal in quantity. Was the case one of pregnancy complicated with ascites? The length of time it had existed precluded such an idea, and the firm uterus could not be felt through the abdominal parietes as in such cases. Was it a case of hydatids? The absence of vaginal discharge, either sanguineous or colourless, contravened such an opinion. In view of all the symptoms the case was presumed to be uterine dropsy, connected, perhaps with uterine tumour; though the latter part of the supposition was by no means satisfactory. The patent condition of the os uteri externum, with such other information as the finger elicited in that direction, led to the supposition that the passage from the womb was rendered impermeable by the presence of a morbid growth blocking the inner orifice. The regular appear-

ance of the menses, seemed utterly irreconcilable with this supposition, yet MONRO says the menses are not *always suppressed* in uterine dropsy. If this normal secretion may occur in Hydrometra, still, I certainly cannot conceive how—there is no reason why—it might not occur in the case before us as supposed.

Any Surgical interference was opposed by the patient and her friends, and the case was consequently trusted to alteratives and diuretics. The following was ordered :

R. Tinc Digitalis, } ʒi;
 " Squills, }
 Spirits Nitre, ʒij;
 Iodide of Potassium, ʒj. Mix. Dose, A tea-

spoonful in decoction of Juniper berries, three times a day, with three grains of blue pill at bedtime.

The system was brought slightly under the influence of the mercurial, and the slight impression maintained for several weeks; the diuretics being continued throughout. Subsequently cream of tartar, as a diuretic in connection with tonics, was perseveringly employed. This treatment proving of but little avail, Surgical interference was advised. This advice being disregarded, treatment was discontinued. The patient remained in comfortable health, without any perceptible increase of the abdominal enlargement for the subsequent year and a half. Since then the enlargement has been gradually increasing. Several months since, a cure was confidently predicted by a "Thompsonian," under whose treatment she remained for about three months, without apparent improvement, but with temporary impairment of her general health.

The treatment employed consisted principally of extract of taraxacum, as an alterative, and gamboge as a cathartic. The case was considered to be one of ascites, and consequently trusted to hydrogogue cathartics. It required no great amount of acumen to predict confidently a failure. I omitted to mention, in the proper place, that when the case first came under my supervision, paroxysms of pain were at times experienced, simulating in every respect the uterine pains of the incipient stage of labor. These were of short duration; and for the last two years have been entirely absent. Since my treatment was discontinued, in consequence of unwarrantable modesty on the part of the patient, no vaginal examinations were made, notwithstanding my advice has been frequently asked. There is now, however, as at first, no vaginal discharge, excepting the menses which appear at regular intervals and normal in character and quantity. So soon as the patient will consent, I propose to evacuate the contents of the uterus through the dilated os tincæ if practicable, and if not, by puncturing the uterus.

Should this paper meet the eye of Professor BEDFORD, his opinion in reference to the nature, curability, and proper treatment of this case, given in the LANCET, would place the writer under lasting obligations, and doubtless oblige other Readers.

Art. XXX.—Remarks upon Convalescence.

BY EDWARD KANE, M. D., PROFESSOR OF MEDICINE
IN THE UNIVERSITY OF VERMONT.

[Continued from page 70.]

With these physical indications of incipient convalescence, the mind begins to exhibit evidences of improvement. There is more of energy and the various faculties, as memory, judgement, and imagination, begin gradually, though feebly, to perform their appropriate duties, and to act in due relation. In severe and protracted forms of disease, it is, not unfrequently, a long time before the intellectual faculties are so far restored as to act with normal energy. Indeed, it must have fallen within the observation of every practitioner of experience that, in such cases, as are above referred to, the mind recovers its tone with singular tardiness.— We have often witnessed this fact in examples of continued fevers of the graver types, in malignant cases of epidemic erysipelas, and in some examples of small pox. Among the melancholy influences, upon the mind, of the latter disease, we have noticed a form of aberration in which the individuals lost all regard for life and its attachments, responsibilities and duties, and acquired, instead, thereof, an abhorrence of self and a determination to commit suicide, and, occasionally, such determination has, but too successfully, been carried into effect.

We have just observed that, in certain forms of continued fever, the mind recovers its tone with singular tardiness, as also in epidemic erysipelas. So marked is this fact, that months have elapsed before the patient has exhibited any, or but a very slight disposition to exercise the function of thought, on any subject but such as relate to the instinctive wants of the physical frame.

In many of the diseases of infants and quite young children that have been severe and of long continuance, it is not uncommon to witness almost a complete obliteration of mind, the countenance putting on the aspect, nearly or quite, of idiocy, and continuing to exhibit the same appearance in a more or less perfect degree, until the physical frame has assumed its accustomed fullness and energy; the same may be observed of the "unmeaning laugh and silly manner" so strikingly characteristic of this state of almost complete annihilation of mind. The power of utterance, even, has been lost under similar circumstances, and not recovered till a good degree of health and strength have been attained. A state of things, not unlike the foregoing, will frequently present, in adults, as a sequence of long continued and exhausting diseases, as fevers, erysipelas, etc. Now, although it does not come within the scope of this article to enter into pathological investigations, nevertheless, it may not be inappropriate to offer a few suggestions in reference to what we conceive to be the cause of the mental decrepitude just referred to as the consequence of severe and long continued diseases.

In general, it may be predicated of debility or want of tone, in the brain—the organ of all mental manifestations—and this doubtless is true, but this debility or deficient tone has its appropriate cause, which is to be sought in the absolute state of the brain, as also of the blood, and its power to stimulate that organ to sufficiently energetic action. Now, that the brain partakes of the atrophy, so strikingly obvious in the entire contour of the patient, is a proposition that seems rationally deducible from all the facts that have presented themselves during the progress and continuance of the disease. But we have something beyond deduction, or inference, on which to base our reasoning.

“Consequent upon long continued and exhausting disease in children, Dr. WERT informs us, that the brain is found far from filling up the cavity of the skull, so that a knife may be passed in many places, between it and the cranial walls. The same appearance is met with in adults, and the consequence is, that serum is effused between the brain and its envelopes, in order to supply the defect, the convolutions become thinner, and they are separated by broader sulci.” Again, he speaks of wasting of the brain during long continued illness, the scalp in such cases, being found unusually bloodless, the fontanelles collapsed, and the process of ossification having progressed with unusual tardiness. He remarks further, that “the important fact in such cases is, that cerebral symptoms and frequently recurring convulsions may be observed in a child, whose brain is nevertheless, not diseased, but too feeble and too wasted to perform its functions.” In idiots, likewise, says a late distinguished writer, “we have congenital atrophy of the entire, or of portions, of the brain;” in the brains of old insane persons, it is common, according to NEUMAN’S statement, who has examined fifty cases of the kind, to find the posterior lobes and their convolutions, more atrophied than other parts.

Further, it would seem to accord with accurate philosophical deduction, that the blood should have undergone such changes in composition, or in the proportions of its various constituents, in the progress of protracted illness, as to deprive it of its nourishing properties, to a greater or less extent, and consequently of its power of imparting to the proper organ of mind, the requisite amount of stimulus, and pathological research confirms what a priori reasoning had, with singular clearness, indicated. According to ANDRAL, 1000 parts of blood, in its natural, healthy state, contain from 110 to 140 parts of the red corpuscles, from 2.5 to 3.5 parts of fibrine, and on the average, 68 or 70 parts of pure albumen. It follows then, we think, that any augmentation or diminution of either of the two first constituents, must be regarded as abnormal, while any considerable excess or deficiency of the last, would be equally so. Properly instituted investigations prove that, in certain forms of disease, the red corpuscles are reduced, from the above numbers, or perhaps, what may be regarded as the average—127 in the 1000 parts’ to 27.

That alterations, equally marked both as regards quantity and quality

of the other constituents of the blood, occur in the progress of disease is abundantly proven by the investigations of all modern pathologists. It seems clear, then, that the mental delapidation, of which we have spoken finds a ready and satisfactory solution in the facts, that pathology has brought to light—that the wasting of the substance of the brain is the manifest cause of its atony and inability to perform its proper function; and that the altered state of the blood, in virtue of which both its nourishing properties and stimulating power are most extensively depreciated or perverted, is primary and fundamental—as a sequence, first, of long continued and exhausting disease, and next as cause (secondary, to be sure,) of the entire assemblage of imperfect mental manifestations. In convalescence, generally, and especially from acute diseases, patients evince most commonly great sensitiveness as regards temperature; also abnormal nervous impressibility with respect to most impressions upon the senses and, often, a singular proneness to unaccustomed irascibility.

Various circumstances interfere, in particular diseases, with, and embarrass convalescence, among which we shall mention only a few of the most important. The first of these embarrassing circumstances, that we notice, is the strong disposition, impressed upon the system, by the disease, from which, the patient is in progress of recovery, to relapse; or, from a comparatively slight application of the primary cause, or some other, or of any disturbing force, to reproduce the same form of morbid action, or what is very analogous, and accompanied with all, or more or less of the pre-existing phenomena, and, but too frequently, in an exceedingly aggravated degree.

In certain diseases the tendency to relapse seems much more remarkable than in certain others. As a general law, it may be affirmed, that all those, in which periodicity has been distinctly characterized, have a singular proclivity towards reproduction, under an extremely slight application of exciting, or disturbing causes, and, more especially, intermittent fever. Says a late writer of high merit "periodical fever, more than any other form of acute disease, is liable to return and to repeat itself, again and again, in the same subject. When the malarious poison has been, once, received into the system, the action of slight occasional causes will, often, continue for a long time to bring back the disease." In a word so strong is the predisposition to recurrence that we have often had occasion to observe its repetition, again and again, from exposure to a hot meridian sun during two or three hours, when no other cause was apparent, and when the exacerbations had been interrupted for many days, and, when too, as far as could be discovered, the patient was restored to perfect health; and so of exertion, beyond a certain degree, though comparatively moderate; of mental excitements, of exposure to a moist, cold, yet variable atmosphere, slight indiscretions in the use of food, either as to quantity or quality, etc. Continued fever in its various forms of, Remitting, Typhoid and Typhus, is another of the diseases, in which the proneness to relapse is a marked characteristic. [To be continued.]

Original Translations.

XIV. IODINE AND COMPRESSION IN THE TREATMENT OF GANGLIONS. BY DR. J. B. ROTTENBURGH.

It is well known that ganglions are affections of little moment; these tumours, in fact, generally indolent, seldom become of much size; most frequently they attain the size of a hazel-nut or only that of a pea, then remain stationary, and generally from that time, they cease to attract the attention of the patient. However, in some cases, ganglions either become very troublesome, or painful, interfering with the function where they have their seat; this is more especially the case when they are on the foot or the hand. In fact, ganglions of the feet—constantly irritated by the shoe—ordinarily give rise to more or less acute pain, and interfere with the motions of the part; when occupying the palm of the hand they at times oppose flexion of the fingers. This same inconvenience may attend ganglions of the wrist when they have attained a certain size. I have known a washerwoman, with ganglion of the right wrist, and who could not flex the fingers without suffering acute pain in the tumour and corresponding portion of the carpus. This affection, therefore, merits a due share of the physician's attention, the more so that it is well known at this day that among the various plans of treatment devised for its cure, the one consisting in the use of resolvent applications such as solutions of acetate of lead, sulphate of zinc, decoctions of tannin, mercurial frictions, etc., seldom radically cure ganglions. The same may be said of rupture of the cyst—a painful measure, and which it has frequently been necessary to repeat. In relation to the other curative plans for these tumours, such as extraction of the cyst, the seton, incision or puncture, they are all attended with more or less danger. M. M. CRUYLHER and CLOQUET have often witnessed severe accidents resulting from the opening of ganglions; our colleague, M. DECHANGE, reports cases wherein patients, after having undergone great dangers, have remained cripples. I therefore, deem it useful in communicating to the Profession a mode of treatment which, in three cases, has been attended with complete success—this treatment consists in the application of iodine combined with pressure. I tried the plan for the first time in 1840, on a child affected with encysted hydrocele of the spermatic cord; the tumour—the size of a hen's egg—extended towards the inguinal canal; it had been of slow growth and was caused by a fall, the right inguinal region striking against a projecting body. The tumour was treated by frictions twice a day, with a mixture of tincture of iodine and water, in the proportions of two parts of the iodine to one of water, a spica bandage moderately tight, and a purgative portion once in three days. Under this treatment the tumour sensibly decreased, and had entirely disap-

peared in three weeks. One year after there had been no return of the swelling. In 1841 I was consulted by a woman for a ganglion, the size of a hazel-nut, on the back of the right hand. Although the tumour was indolent and caused but little inconvenience, she was nevertheless extremely anxious to get rid of it, and had already employed without success, mercurial frictions, solutions of acetate of lead, of hydrochlorate of ammonia, and compression. I first proposed to break it, but remembering the child's case, I had recourse to the iodine treatment. Frictions were made on the tumour with iodine ointment in the proportion of one part iodide of potassium to 4 of lard. A small roller was passed moderately tight over the swelling, and in less than twenty days it had disappeared, and did not return. Since that time I have treated two other cases; in one the ganglion—on the right wrist—had been of one year's growth, the size of a nut, and had been caused by wrenching clothes; much pain attended flexion of the fingers. The iodine ointment and compression was ordered as in the last case; the tumour slowly diminished, and in two months had been reduced to the size of a pea. The ganglion being now no longer troublesome, the treatment was abandoned. Three weeks after the tumour had acquired its original size; treatment resumed and persevered in, for three weeks, when the tumour entirely disappeared, and had not returned one year after. The second patient was suffering for a fortnight from a small sized ganglion on the left foot, caused by pressure of a narrow shoe. Under the same treatment he was radically cured in two weeks. I have at present under treatment a young lady with a ganglion on her right wrist, and from the size of a hazel-nut three weeks since it has decreased to that of a pea. This plan of treatment for the radical cure of ganglions is so simple, and its success so constant, and although tested but a few cases, should be preferred to the old plans. Experience alone can determine whether the same results will attend ganglions containing foreign bodies, for nothing proves that these bodies—of apparently fibro-cartilaginous nature—are susceptible of resolution.—Archives Belges de Médecine Militaire.

XV. TREATMENT OF PRURITUS VULVÆ. BY DR. SCHOLTZ.

There is a form of Pruritus characterized almost exclusively by violent itching, without any apparent lesion of the mucous membrane, and which appears to be due more to nervous irritability than to cutaneous disease. It differs from Pruritus as connected with various cutaneous affections, not only by the absence of local changes, but also by its march, symptoms, and sequelæ. There is the highest degree of itching accompanied by a voluptuous sensation which at times approaches hysterical paroxysms, and which leads the patient almost inevitably to the practice of masturbation. There are intervals between the paroxysms wherein the patient experiences either perfect quietude or a disagreeable feeling;—they frequently occur at night, and after repeated insomnolencies, they

induce violent disturbance of the nervous functions. On examination we either discover a slight herpetic affection or some signs of various eruptions bearing no comparison whatever with the violent itching; and, frequently, after the most minute examination, we are unable to detect the slightest traces of alteration. The labia majora and minora are hot and turgid; the mucous membrane is of a bright red colour, but these appearances are but the results of the rubbing by the patient to subdue the intolerable itching. This affection will either subside in a few weeks, or it may continue for a longer time and prove extremely rebellious to treatment. The author struck with the difficulties experienced in treating these cases, has sought, and believes has discovered, a very efficacious remedy by the internal administration of *Caladium Seguinum*. This is a native plant of India; its juice is acrid and very irritating, and the inhabitants employ it as one of the most powerful cutaneous irritants in cases of gout and chronic rheumatism. The juice, moreover, exercises a depressing influence on the organs of generation; the negroes smear the strings of coral worn by their wives with it, when they are to be absent, to prevent the rousing up of venereal desires. The author anxious of ascertaining whether the properties ascribed to this plant were not imaginary, made, with due regard, some experiments, the results of which were in accordance with the observations of the negroes, and the *Caladium* acts as an anaphrodisiac in women, the same as lupuline does in man. An alcoholic tincture of the plant was administered with the most happy effects in two cases of pruritus vulvæ which had resisted all other means. The first case was that of a child, 4 years old, affected with pruritus for two months, and given since then to masturbation which had occasioned very severe nervous derangements. Six drops of the tincture in 100 gram. of water, of which a dessert-spoonful was taken every three hours. It was only required to renew the medicine twice, and the child, relieved after taking the first dose, was cured. The second case was that of a girl, 20 years old, who was cured almost as promptly as the little child by the same treatment, although he had ascertained the presence of herpetic vesicles which, as is known, are an occasional cause of Pruritus.—*Zeitschrift für Klinisches Med.*

**XVI. ABSCESS OF THE BREAST PROMPTLY CURED BY
COMPRESSION. BY DR. FREDERICQ.**

A country woman was attacked, ten days after confinement, with inflammatory swelling of the right breast; the pain soon became intense, and sleep was impossible. For six days she was under the care of a neighbouring woman, when, obtaining no relief, I was called in, and discovered acute inflammation of nearly the whole gland and some fluctuation. An opening made with a lancet allowed the discharge of a white creamy pus. Relief was immediate, and a simple emollient poultice ap-

plied to the part. Copious suppuration the ensuing day; the opening in the breast not being sufficiently large to prevent stagnation of the pus, I reluctantly enlarged the first incision, knowing that long incisions were always followed by irregular and unsightly scars. I resorted to compression by applying a layer of wadding over the breast and then a long bandage four inches wide. The bandage is not to exert any pressure over the incision made in the breast. Rest was enjoined that the dressing might not be disturbed, and the bandage was re-applied once in twenty-four hours. Under this treatment the abscess soon took on a favourable turn, and a complete cure resulted in a few days; the compression prevented the stagnation of pus, favoured resolution, and approximated the walls of the abscess. This plan of treatment is no innovation, yet it does not appear to be sufficiently appreciated, and its usefulness not established because physicians do not resort to it; many still adhere to the old routine, and continue week after week in poulticing breasts which might be cured in a few days.

M. SEUTIN, having for a long time employed compression, thus speaks of its utility: "There are certain circumstances frequently counteracting successful treatment of mammary abscess and which the physician should not lose sight of. Thus, the facility with which the abscess spreads, and the inflammation extends to the neighbouring cellular tissue; the presence at the same time of several inflammatory points more or less distant from one another; the difficulty of thoroughly evacuating the pus from the cavity of the abscess, and its presence, like a foreign body, leading to its resorption; the necessity of keeping the walls of the sac in contact that cicatrization may take place: the occurrence of eczema of the skin of the breast; finally nursing from the healthy breast, which, at times, determines by sympathy, the afflux of milk, and becomes a new source of inflammation—are all difficulties which have to be overcome. Well, this result, that no other plan of treatment can hope to attain, is secured by the starch bandage. I obviate successfully all these obstacles by a gentle graduated, and continued compression. Consequently the whole mammary gland being compressed by the bandage the pus, instead of spreading, ascends against its proper gravity, and easily and freely flows out by the opening; the bandage by its continued action, stops the air from entering the purulent sac whilst it tends constantly to empty it and to keep its walls in close apposition; and, lastly, by its refrigerating and astringent action, it diminishes, even dries up the secretion of the gland, at the same time that it acts upon the inflamed parts whose disorgement it assists and resolution it facilitates."

In concluding this article we will direct the attention of the Reader to an important work by MM. TROUSSEAU and COUTOUR. Instead of starched linen bandages they make compression with strips of adhesive plaster.—These are the conclusions of their Memoir upon Compression as the exclusive treatment of Mammary Abscess: 1. Compression by strips of diachylon plaster should be employed in every form of phlegmon affecting the breasts of nursing women; 2. Compression at the onset may sometimes

result in a cure; 3. Compression during the suppurative process does not generally check it, but it immediately relieves the pain; 4. Compression should be made within 24 to 48 hours after the breast has been lanced; 5. Under its influence pain ceases; the parietes of the abscess adhere together; the fistulæ are healed, and a thorough cure generally takes place in a few days; 6. Relapses are to be apprehended if pain and tumefaction persist; compression for a certain time disperses the symptoms, and prevents relapses.—L'Observateur des Sciences Medicales.

XVII. OPERATION FOR HYDROCELE.

In performing the operation for Hydrocele the Surgeon is liable to commit errors which we will here point out, as also the means to avoid them. 1. *Wound of the Testicle.* To avoid wounding the gland we are guided to its position by the transparency—the opaque point is the Testicle. But the opaque point does not generally represent a spot as large as the testicle; a little shadow, of two centimetres in diameter, for example, corresponds very well to the size of the organ, and this is owing to a phenomenon in physics known by the name of *diffraction*. The patient is generally aware of the situation of the testicle, and with the finger will touch that part of the scrotum corresponding to the organ. 2. *Injection of the liquid in the cellular tissue of the scrotum.* Some Surgeons direct to make the puncture and to pay no attention to the displacement of the canula, under the idea that it cannot escape from the tunica vaginalis; and in proof of this assertion they will move the canula in various directions. It is true that the skin embraces firmly the canula, but this is the only testicular covering in which the canula is fixed, the other coverings much thinner are less resisting. The tunica vaginalis is gradually emptied, and is folded upon itself; the cremaster and dartos contract with a vermicular movement and tend to approximation with the testicle; well then, let us suppose that according to the directions given in certain books, the skin is fixed upon the canula when the puncture is made and while the fluid is escaping, the skin is held in its place, but the deep layers have to take care of themselves; they contract—and more especially the cremaster—and gradually remove the tunica vaginalis beyond reach of the free extremity of the canula, and is, therefore, not perforated by it. This action of the cremaster drawing the tunica vaginalis beyond reach of the canula will be the more strongly developed that the muscle has a fixed point upon the skin around the canula. I repeat it: that which causes the canula to slip out of the tunica vaginalis is the contraction of the cremaster and dartos. To prevent this occurrence, the moment the puncture is made, withdraw a little the point of the trocar in the canula, and then push the canula to the most distant point of the tunica vaginalis. This being done, let the rest go; the skin is not fixed upon the canula, and, consequently, no point of action is given to the subjacent layers. There is also another reason why the

cellular tissue becomes infiltrated; the injection is thrown into the tunica vaginalis, but if thrown in with too much violence it flows back gradually along the sides of the canula till it reaches the sub-cutaneous cellular tissues. To avoid this result the injection should be thrown in moderately, examine the amount of tension of the coverings and be careful not to push the tension to a degree that reflex action is produced. By following these directions the Surgeon will avoid infiltration of the cellular tissue of the scrotum, which is a severe accident and has sometimes led to the death of the patient.—A. L., L'Abeille Médicale.

XVIII. NEW MODE OF ADMINISTERING THE VAPOUR OF IODINE. BY M. BARRIÈRE.

The new modes of conveying Iodine into the lungs are far from being either satisfactory or facile. The perseverance of the patient is sorely tested; the pungent feeling caused in the throat by the vapour of iodine renders it all but intolerable; and if a few persevere in its use, it is easy to conceive that this untoward action of the vapour prevents a full inspiration; and if it does take place, it is accompanied by cough. Sensible of these disadvantages, and, moreover, convinced of the happy effects of this mode of medication in pulmonary tubercles and chronic catarrh, I have sought and discovered a simple and easy method of using inhalations. My patients snuff powdered camphor impregnated or saturated with the vapours of iodine. Put some pulverized camphor in a snuff-box, and a small bag of muslin or fine cloth enclosing the one hundredth part of officinal iodine to the camphor. Shake the box from time to time, we obtain in a few hours, more especially if the vapour of iodine has been disengaged by the heat of the hand, a saturation of the camphor, the colour of which is much like the iodine. The ioduretted camphor causes sneezing; and if concentrated a pungent sensation is felt in the nares. But when inspiration has carried the vapour into the air-passages, the patient experiences a feeling of pleasurable, healthy freshness, that prompts him to respire deeply. This instinctive action of itself tends to make the inhalation complete and efficacious. Consequently, the inhalations of ioduretted camphor instead of causing intolerable suffering to the patient, will henceforth be an occupation followed with pleasure, a mode of distraction. The camphor, moreover, by its anaphrodisiac properties, may prove, in certain cases, a beneficial adjunct, as venereal desires are a powerful cause in the development of phthisis.—Gazette Medicale de Toulouse.



Bibliographical Notices.

Auscultation and Percussion. By Dr. JOSEPH SKODA. Translated from the Fourth Edition. By W. O. MARKHAM, Assistant Physician to St. Mary's Hospital. Philadelphia: LINDSAY & BLAKISTON, 1854, 12mo. pp. 380, cloth. From the Publishers.

We have here an excellent translation of Professor SKODA's well known work upon Auscultation; a work which in spite of its peculiar views, and antagonistic doctrines to the many opinions now-a-days, entertained by a large majority of writers and practitioners yet stands the first of its class. The character of this small volume is such that it must be carefully studied to fathom the conclusions derived from close observation in an almost unlimited field of practice. We cannot say that we concur with every thing put forth by the Vienna Professor—though we have much to learn we would still have some to unlearn—but were we a patient we would deem ourself fortunate should our Physician know more of SKODA and a little less of LAENEC. Our Readers will not find anything here to guide them in the treatment of the various diseases, the physical and tangible revelations of which are so plainly set forth in this volume, but they will be enabled by careful study, and comparative application, to arrive at that most to be desired conclusion—a correct knowledge of the disease and its progress—hence a diagnosis, and, consequently, prognosis, that must assist him in his therapeutical appliances, as also enable him to explain understandingly to the patient and his friends his true state. This is all that can be expected from Auscultation and Percussion. We know SKODA to be an excellent guide, thus far, in diseases of the chest, and can confidently recommend him to all who desire to become thoroughly acquainted with physical diagnosis. This volume may be obtained by mail, from the Publishers.

Illustrated Catalogue of BLANCHARD & LEA's Medical, Surgical and Scientific Publications. 1854. 8vo. pp. 64.

Catalogue of Medical Books for sale by S. S. & W. Wood, 261 Pearl St., New York. 1854. 12mo. pp. 152.

The above are the Catalogues of the two principal American Houses who have placed the Profession under so many obligations. That of BLANCHARD & LEA is solely of the numerous excellent and practical works with which their prolific press teems night and day. It is made up of the titles, illustrations and notices of their publications; and in typographical execution is the handsomest catalogue that has ever fallen under our eye. It is just the thing; and a glance at it will at once arrest the mind upon the value of the publications it records in a few lines. The Publishers have been fortunate in their issues whether originals or

reprints; they all yield handsome profits if we are to judge from the numerous editions of the standard productions sent forth from their House.

The Catalogue of our friends, Messrs. Wood, is less pretending and less attractive than that of the Philadelphia Publishers, but in other respects is far more valuable to the Practitioner, as their selection is very large and contains the principal European as well as all the American publications, and from the large stock none of our Readers cannot but find something wanting to their Library which can be obtained by ordering from 261 Pearl Street. Copies of either of the Catalogues may be obtained from the Publishers, or from us, as we have a few copies which we shall be pleased to send to any of our Readers who may desire to examine or consult them,

Clinical Lectures on Pulmonary Consumption. By THEOPHILUS THOMPSON, M. D., F. R. S., Fellow of the Royal College of Physicians, London; Physician to the Hospital for Consumption and Diseases of the Chest; Author of Annals of Influenza, prepared for the Sydenham Society, etc. With two Plates. Philadelphia: LINDSAY & BLACKISTON, 1864. 8vo. 289 pages, cloth. From the Publishers.

These Lectures, thirteen in number, were delivered at the Great Hospital for diseases of the Chest, at Brompton, London, in 1851, and were originally published in the *LANCET*. There are now, however, presented in a more accessible form, revised with numerous additions, and forming on the diagnosis and treatment of that very common and most fearful disease—consumption—one of the most practical and useful works of the many upon the subject now before the Profession. We cannot, whatever may be our desire, notice these Lectures at the length commensurate with their great importance and high value. We cannot either say that the careful study of this treatise will bring any one nearer to the fulfillment of the all absorbing *desideratum*—the cure of consumption; but here will be found a clear exposition of the symptoms and their complications, the details whereon to establish an unexceptionable diagnosis, from which naturally flows the prognosis, and, with a few exceptions, sound data for the treatment of the many complications which, as a whole, constitute Phthisis. We cannot accord, as the Author does, such exalted praise to the action of Cod-liver oil. We have found it in our practice, as also in that of others, almost, if not entirely useless, and have long since discarded it. However, it may not be so with others; though we are so firmly satisfied with the correctness of our observations that were we phthisical, we would think ourself losing time and surely *sent for*, if our principal treatment was confined to the taking of such a disagreeable, nauseous and copious medication as cod-liver oil. We vastly prefer *sweet cream*; it is much more palatable and equally efficacious, more particularly if a due proportion of iodine is added to it. The typographical execution is excellent. The colored plate illustrating the appearance of the gums—the read streak—true to nature, and the work recommends itself highly to the Profession in every respect.

The Pathology and Treatment of Pulmonary Tuberculosis ; and on the local medication of Pharyngeal and Laryngeal Diseases frequently mistaken for, or associated with Phthisis. By JOHN HUGHES BENNETT, M. D., F. R. S., Professor of the Institutes of Medicine and of Clinical Medicine in the University of Edinburgh ; Fellow and Censor of the Royal College of Physicians, Ed.; Member of the American Philosophical Society, and of the various Medical Societies in Edinburgh, Paris, Vienna, Berlin Stockholm, Copenhagen, etc. Philadelphia : BLANCHARD & LEA, 1854. 8vo. pp. 180, cloth. From the Publishers.

Another work upon Consumption, and an excellent one, indeed, it is. It is of a different stamp from that of THOMPSON, to which we have, in the foregoing article, called the attention of our Readers ; being more properly an *expose* of the pathology of the disease based upon the views entertained for a number of years by the distinguished Author, and which he has yet found no reason of recalling or remodelling. The formation of tubercle, its various stages of development, progress and maturation, and how it is to be arrested, if not cured, is well worthy of deep reflection and study. We do not see much in the way of innovation in the treatment, but perceive that the Author lays considerable stress upon topical—we would say local—treatment. This plan succeeds admirably in our hands, not—be it understood—in the throat—"chimney"—sweeping operation. We do not believe in it ; such are our honest convictions, and we fear not to express them. In conclusion, we must express the satisfaction and profit we have derived from the perusal of Dr. BENNETT's work, and with much pleasure recommend it to our Readers.

The Modern Treatment of Syphilitic Diseases, both Primary and Secondary ; comprising the Treatment of Constitutional and confirmed Syphilis by a safe and successful method ; with numerous cases, Formulæ, and Clinical Observations. By LANGSTON PARKER, Surgeon to the Queen's Hospital, Birmingham. From the third and entirely re-written London Edition. Philadelphia : BLANCHARD & LEA. 1854. 8vo. pp. 316, cloth. From the Publishers.

We conclude from a careful examination of this work, unpretending and small as it is, that it is one of the most truly practical we have read. Here everything is plain and to the point, with just theory enough to season the whole. It is not a book of opinion—a hobby to ride up or down any particular mode of treatment or train of reasoning. In it are considered the various doctrines of the day, and the mercurial and non-mercurial plans of treatment are discussed with a spirit of candour and Science which prove the Author to be a man of close observation, great experience and extended learning. All the various forms of Syphilitic affections, both primary and as complications, are clearly, though briefly defined, with judicious remarks upon the many varied plans of treatment, and illustrated by numerous cases collected in the Author's private and hospital practice. A large number of Formulæ are given throughout the volume, and any one of our Readers having it at hand may feel safe in the management of every case they may be called upon to treat. The successful *new* mode of treating the secondary forms of Syphilis is by the

mercurial vapour bath; and the results obtained from it are not only gratifying but truly extraordinary. For the manner in which it is prepared, and cases illustrating its action, we must refer our Readers to the book itself, which, to those who have anything to do with the treatment of this class of diseases, will prove the most reliable guide and trustworthy companion. This volume, like all others published by BLANCHARD & LEA, are to be obtained from S. S. & W. Wood, 261 Pearl Street, who will please accept our thanks for their promptness in forwarding us our copies.

The Physician's Visiting List, Diary, and Book of Engagements, for 1855 Philadelphia: LINDSAY & BLAKISTON. From the Publishers.

We have only to repeat the favorable opinion we expressed on the receipt of The Visiting List for the year now closing. It is admirably calculated as a time and labour saving book and medical ready-reckoner. Those of our Patrons who may be more fortunate than we are should order one for fifty patients a week; for some few months past we have been amply satisfied with one of twenty-five. We do not know but the money-market and patients keep something about apace, the tighter the former the fewer of the latter. This is the experience of all physicians in this part of the country, although we have no objection it should be otherwise elsewhere.

Publications received.

From BLANCHARD & LEA, Philadelphia.

A Practical Treatise on Foreign Bodies in the Air-Passages. By S. D. GROSS, M. D., Professor of Surgery in the University of Louisville, etc. 8vo. pp. 468, cloth.

Principles of Comparative Physiology. By W. B. CARPENTER, M. D., F. R. S. With three hundred and nine wood engravings. A new American from the Fourth and revised London Edition. 8vo. pp. 752, cloth.

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The Microscopic Anatomy of the Human Body, in Health and Disease. Illustrated with numerous drawings in colour. By ARTHUR HILL HASSALL, M. B. Edited by H. VANARSDALE. Two Volumes, 8vo. Text pp. 560; pp. 168 and 79 plates, containing 433 figures. full bound.

Principles of Physiology, designed for the use of Schools, Academies, etc. With fourteen quarto plates and eighty engravings on wood. 4to. pp. 110, cloth.

Positive Medical Agents; being a Treatise on the new Alkaloid, Resinoid, and concentrated Preparations of Indigenous and Foreign Medical Plants. By Authority of the American Chemical Institute. 8vo. pp. 210. red cloth, gilt. From B. KEITH & Co., 582 Houston Street, New York.

Transactions of the American Medical Association. Vol. VII. 8vo. pp. 668, cloth. From—we don't know.

Lancet Monthly Record.

EXTRACTS FROM THE EDITOR'S *Index Rerum*

Practice of Medicine and Therapeutics.

ANGINA PECTORIS.

ASCITES.

BLADDER.

42. **ANGINA PECTORIS.** Inhalations of chloroform are a sure measure of cutting short the paroxysms.—CAVIERE, *Bul. de Therapeut.*
43. b. Give one quarter or one half grain of arsenic, more especially in cases complicated with organic lesion of the heart or aorta.—DEBOUT, *Id.*
44. **ASCITES.** Paracentesis had been several times performed with only temporary relief, and numerous remedies employed with unsatisfactory results, when, at the last operation, a curved canula, one and a half inch long, was inserted in the puncture and retained in place by an elastic band. The canula was removed in three days, and subsequently for five successively an ordinary female catheter was introduced daily one or one and a half inch, permitting free access of air to the abdominal cavity. Inflammation of a sub-acute character supervened but readily yielded to mild treatment. There has been no accumulation of fluid since the introduction of the canula, now 16 weeks, nor has there been any unpleasant constitutional disturbance; on the contrary, the patient has been relieved of the dyspnœa and other attendant symptoms of dropsy, and her general health seems much improved.—HART, *Am. Med. Mon.*
45. **BLADDER,** paralysis of the. Patient aged 60, became affected with paralysis after suffering violent pains in the lumbar, inguinal and hypogastric regions, and has employed, without success, electricity and various other plans of treatment. The bladder having been emptied and washed out, 15 grammes of the following solution were injected: R. Nicotine, 0.60 grammes, distilled water, 360 grammes, mucilage, 80 grammes. The injection was repeated in the afternoon, and the following days. It was increased to 30 grammes after the third day: treatment being persisted in, the bladder gradually regained its power of contraction, and after a fortnight the patient could do without the catheter. No special effect was manifested upon the nervous system. In twenty days the urine could be passed in a full stream and without effort.—PATESI, *Bul. de Therap.*

BUCKTHORN. CHILBLAINS. CHOLERA MORBUS. CHOREA. COD-LIVER OIL.

46. b. Irritable. Woman, aged 37; incessant calls to micturate, and always attended with severe pain. The vapour of chloroform was thrown into the bladder through a catheter; much heat was felt, but by stopping at intervals the operation was continued for nearly five minutes. She could walk the next day two miles without stopping to make water. When she passed it it was in increased quantity and attended with less pain than formerly. The vapour was used on the second day with the same success. Afterwards hip-baths and diluents completed the cure.—HARDY, Dublin Medical Press.
47. BUCKTHORN. The Rhamus Catharticus, or Buckthorn, is one of the most eligible remedies in habitual constipation, in doses of one half to one ounce of the dried bark infused in six ounces of boiling water. It is the best simple evacuant of the intestines known; it produces soft evacuations, without pain or increase of the biliary, pancreatic or intestinal secretions; it induces no mucous irritation or consecutive intestinal relaxation; it never acts with violence whatever the dose may be; it does not disturb the digestive functions, and possesses the great advantage of not leaving constipation behind it.—OSSIEUR, *Moniteur des Hopitaux*.
48. CHILBLAINS. R. Camphor, Chloroform, and Creosote, of each two ounces. Dissolve the camphor in the chloroform, add the creosote, and apply the mixture with a camel's hair pencil to the affected parts.—Association Medical Journal.
49. CHOLERA MORBUS. Give from 1-8 to 1-12 of a grain of morphine, with from 1 to 3 drops of creosote; the quantity of each ingredient to be regulated by the age, etc., of the patient, as also by the severity of the disease. It is seldom required to give more than one dose of creosote, especially if taken soon after vomiting. The morphine is usually to be repeated once or twice after the last dose of creosote, and this is generally all the medicine required. Warmth to the surface, moderate use of warm drinks are important adjuvants, and aid in restoring the equilibrium of the circulation.—WILLIAMS, Boston Journal.
50. CHOREA. R. Argenti Nit. Cryst., gr. iij; Aq. distill., ℥ss. Fr. Sol. Three teaspoonfuls to be taken daily. Amelioration once produced, the medicine must be continued for a short time in decreasing quantities.—*Journal für Kinderkrankheiten*.
51. COD-LIVER OIL, how to administer. Take the yolk of one egg; sugar, two ounces; orange-flower water, one ounce; cod-liver oil; three ounces; essence of bitter almonds, one drop. The sixth to the eighth part is a dose, according to the quantity of oil intended to be taken.—*Annales Chimiques*.

COLLODION. CONSTIPATION. CROUP. DELIRIUM TREMENS. DIARRHŒA.
DROPSY. HÆMOPTYSIS.

52. **COLLODION**, a new. Make a solution of gum shellac in hot alcohol. This mixture is more adhesive, will contract stronger while drying, is impermeable to the air, water or oil, does not irritate the skin, and is cheaper than the ordinary collodion.
53. **CONSTIPATION**. In cases of habitual constipation this electuary will be found serviceable: *R*: Elect. Sennæ, $\mathfrak{z}$ ij; Bi-tart. Potas., $\mathfrak{z}$ j; Carb. Ferri, $\mathfrak{z}$ ij; Syr. Zingiberi, q. s., ut fit. electuar.—GRAVES, Dublin Quart. Journ. of Medicine.
54. **CROUP**. Dr. McFARLAN reports four cases of croup successfully and rapidly cured by the sulphate of Quinine in doses of one third to one grain—depending on the child's age—once every hour. There was marked improvement in from two to three hours, the fever abating, the skin being moist and covered with a free perspiration, and respiration being much improved. The medicine was continued at longer intervals until all inflammatory symptoms had disappeared. He prefers the quinine to the nitrate of silver or calomel modes of treatment.—New York Journal of Medicine.
55. **DELIRIUM TREMENS**. Extract of Conium, in two grain doses, every two, three or four hours, will rapidly remove the insomnolency attending delirium tremens. It was given in three grain doses, once in 4 or 5 hours, and acted in no other way than by producing a most delightful soporific effect.—JONES, Virginia Medical Journal.
56. **DIARRHŒA**. In diarrhœa complicated with nausea, the following will prove very beneficial: *R*. Morph. acet., gr. ss; Aceti distillati, $\mathfrak{z}$ ij; Plumbi acet., gr. xxiv; Aq. dist., $\mathfrak{z}$ iij ss; Sacch. alb., $\mathfrak{z}$ ij; Aq. lauro cerasi, $\mathfrak{z}$ ij. *M*. A tablespoonful every three or four hours.—Dublin Medical Press.
57. **DROPSY**. *R*. Sliced bulb of Squills, 8 parts; Powdered digitalis, 8 parts; Canella, 12 parts; Acetate of potash, 15 parts; Madeira wine, 500 parts. Macerate for eight days and strain. Dose, half an ounce, increased to a wine-glassful, twice a day.—M. GRAND, Repertoire de Pharmacie.
58. **HÆMOPTYSIS**, new hæmostatic in. Let the patient take two tablespoonfuls, daily until the hemorrhage ceases, of the following: *R*. Balsam copaiva, Syrup tolu, Mint water and Alcohol each $\mathfrak{z}$ j; Nitric ether, gutt. xv. Mix.—WOLFF.
59. *b*. *R*. Powdered gum arabic and white sugar, of each, $\mathfrak{z}$ iij; Powdered tragacanth, $\mathfrak{z}$ jss; Alum, $\mathfrak{z}$ ij; Cathecu, $\mathfrak{z}$ iij; Rose water, sufficient to make a mass, and divide into 60 lozenges.—THOMPSON.

AMAUROSIS.

ANUS.

ANTHRAX.

CARBUNCLE.

CARCINOMA.

COLLYRIA.

CORNEA.

Practice of Surgery.

60. **AMAUROSIS.** The internal administration of strychnine, even when there is complete amaurosis, is preferable to the endermic method. In a case, resulting from retinitis, recovery followed the taking of eight grains of strychnine—in about eight weeks—after leeching, counter-irritation, and mercury had been employed in vain.
61. **ANUS,** fissures of the. Apply this ointment: *R.* Ext. belladon., gr. liij; Ungt. rosar., gr. iv. In many cases this application has not only relieved the pain, but has induced a cure when other remedies have proved useless.—*PEIRANO, Gaz. Med. Lombard.*
62. **ANTHRAX,** chloroform vapour in. Patient very nervous, and impatient of pain, had an anthrax at the back of the neck which was ulcerated and most painful. She objected to inhaling the chloroform; its vapour was closely confined to the sore, and at first produced a sensation of heat soon succeeded by complete relief from pain. A free crucial incision was then made which she did not feel.—*BENSON, Dublin Med. Press.*
63. **CARBUNCLE.** *R.* Corros. sublim., gr. xv; Ungt. basilic., ʒ ss; Pulv. scabiosa, hirsuta, q. s. Spread it upon a cloth, and apply it to the pustule extending beyond its borders; make first a crucial incision in the pustule. In twenty-four hours an eschar is formed with the epidermis loosened at the circumference. It is a specific in carbuncular inflammations.—*BENAVENTE, El Heraldico Medico.*
64. **CARCINOMA.** Carcinomatous tumours can be destroyed with a caustic made of saffron and concentrated sulphuric acid; the paste is soft but not diffuent. Its peculiar efficacy is supposed to depend on its intimate combination with the tissues, which is proved by the woody hardness resulting from the carbonization of the cauterized parts, and the absence of all hemorrhage and inflammatory reaction.—*VIGNOLO, Revue Med.*
65. **COLLYRIA.** 1. Nitrate of silver is the best local application in acute ophthalmia; 2. Sulphate of copper is preferable in chronic ophthalmia; 3. The liquid acetate of lead is equally endowed with a special or elective action in traumatic ophthalmia.—*RONAULT, L'Union Medicale.*
66. **CORNEA,** vascular opacity of the. Make an issue in each temple and keep it open for some months, at the same time order a generous diet and even tonics. Mercurials, depressants, frequent leeching, etc., only tend to aggravate the disease.—*CRITCHETT, London Lancet.*

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D. can also refer to Dr. CHEESEMAN and other eminent Surgeons of New York.

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AND PHYSIOLOGY IN THE SCHOOL OF MEDICINE AND SURGERY, AND

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ENCE SCHOOL OF MEDICINE OF MONTREAL.

ASSISTANT AND CORRESPONDING EDITOR,

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CANADA EAST

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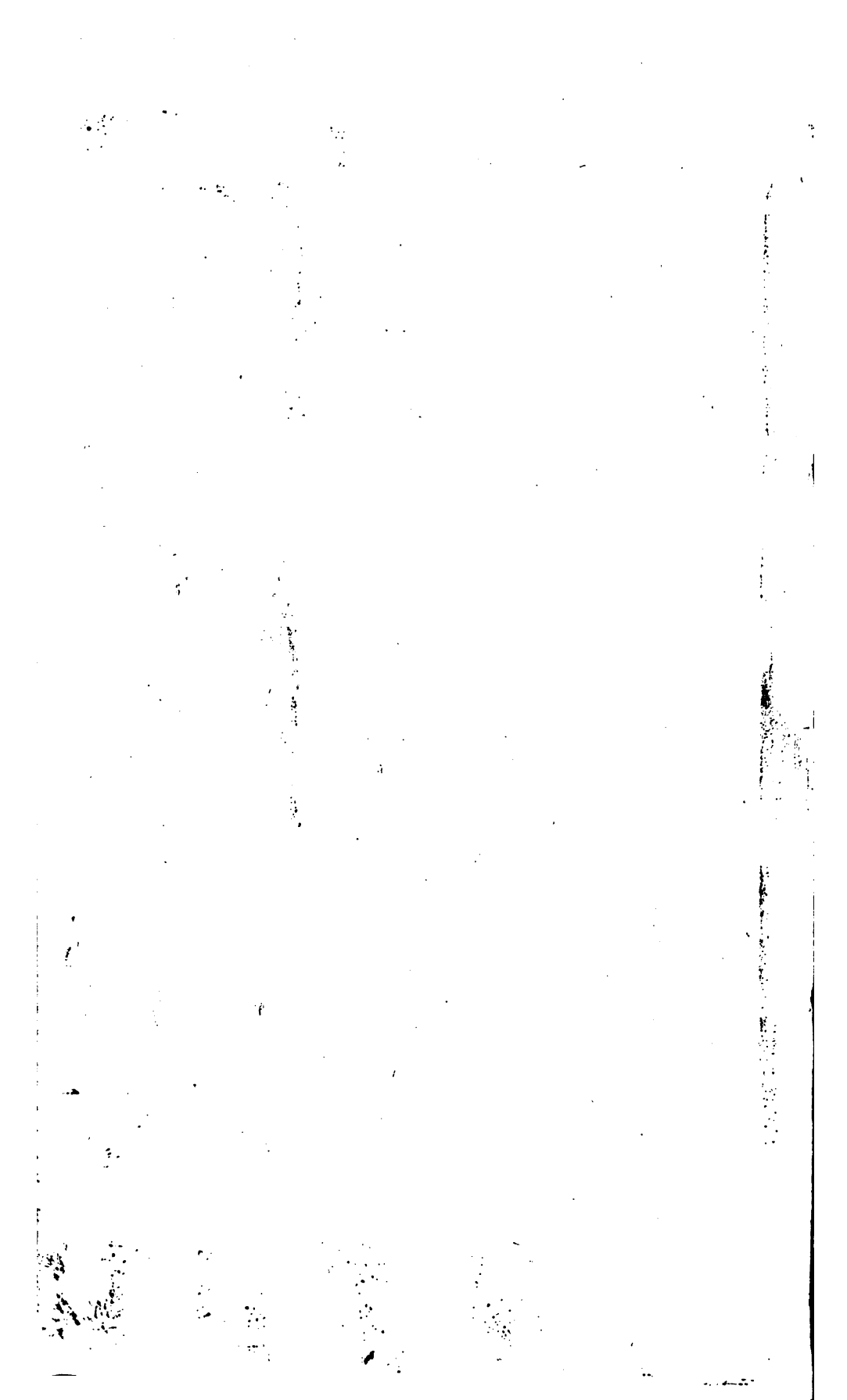
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1855.



Original Department.

Art. 10333.—"Revalenta Arabica;" Mineral Waters.

DR. NELSON.

Dear Doctor:—Connected, as I am, with a Medical School, my leisure moments are pleasantly and I hope profitably occupied, in perusing such Medical Publications as, from time to time, fall into my hands. Of late my attention has been called to what I regard as an erroneous, although somewhat popular belief, to which I wish to allude in this, and perhaps some future Number of your Journal, if you should deem my remarks worthy of a place in the LANCET.

An article of diet has recently been introduced into public notice in this country, and in Europe, under the name of "Revalenta Arabica," and said to be a "wholesome product of nature;" and highly recommended by physicians, who certify to its possessing the rare quality of being adapted to the wants of the sick of every sex and age, and to those suffering from almost any of the various maladies, to which man is liable. A. FRICKINGEE, in Nordlingen, after having made a Chémico-microscopical examination of this article, has published the results of his analysis and observations in a pamphlet entitled: "Revalenta Arabica of DuBARRY a great fraud; also suggestions to the German Government relative to secret remedies;" in which he mentions that "Revalenta" is composed of the flour of the white bean (*Vicia Fabia*), of which one pound of the raw material costs but a few cents, whilst it is sold to the public for fifty cents and even more.

We too frequently see laudatory certificates from physicians for secret remedies and articles of diet, which, I trust, result from nothing but self-deception on their part, as the belief of their good effects is forced upon them by many favourable reports of credible and credulous patients.—There frequently appears to be a fault committed by physicians in recommending to exhausted patients strengthening nutriment, such as sago, arrow-root, etc., made of starch destitute of sanguigenous (plastic) food, and for which we have to pay far more than its relative nutritive qualities justify. Particularly unfit appear such articles as food for children, whose rapid growth requires a rich supply of blood (and bone) forming combinations.

It is to be expected that Revalenta will share the fate of Iceland-moss, whose great renown for curing consumption belongs to bye-gone days, as analysis has shown it to consist principally of a modified starch. Would any sensible practitioner be guilty of prescribing for glandular affections

some ashes of the burnt sponge—formerly in use, and now found to contain one per cent of Iodine—when he can procure far cheaper and far more efficient preparations of discutient medicine?

To another questionable point I would call the attention of the practitioner, which I think has been fully settled years ago by extensive experiments made in France, namely the deficiency of Gelatine* as an article of food. As might be deduced from its composition (differing from albuminous Protein compounds,) it is not capable of producing blood, and if available at all by the system, can only form membranes. Animals which were fed exclusively with Gelatine died with all the symptoms of starvation. Perhaps the most popular error prevailing yet is the one entertaining that mineral springs have peculiar and mysterious properties; hence the expressions natural combinations, "wonderful prescriptions of nature."

A Professor of Chemistry, in extolling the virtues of a spring in his State (Tennessee,) in a pamphlet I received some time since writes thus:

"The peculiar and distinctive virtues of a mineral water, without long and repeated trials of its effects on various forms of disease, can only be predicated upon a knowledge of the separate and combined properties of the ingredients retained in solution. But, even with this knowledge, the efficacy of such natural combinations would generally be underrated. Medicines in the form of powders, or concentrated solutions, will frequently pass through the alimentary passages with only partial absorption. Mineral waters are more easily introduced to the blood-vessels, thence to all the minute branches of the secretory apparatus, and in this manner their ingredients may be rendered efficiently active, while the same remedy, administered in another form, would be wholly inert. A long course of observations, under the most favorable circumstances, by an eminent physician, Dr. Johnson, led to the conclusion; that "Saline and aperient mineral waters, will produce ten times more effect, than the identical materials artificially combined. A grain of iron, as it exists in chalybeate water, is more tonic than twenty grains exhibited according to the Pharmacopœia."

He continues: "If, therefore, the peculiar medicinal properties of a mineral water are due to the substances in solution, and especially, if they possess such increased energy of action, it is certainly a matter of no small importance, that an analysis should be furnished of any spring offered to the public, in order that the invalid might form some judgment of its adaptation to his case, or the physician prescribe intelligently for the particular wants of his patient."

Now, I confess I have no idea why the saline constituents in the form of mineral waters should pass easier into the blood-circulation than when

* We speak collectively of gelatine or Colla, found in membranes generally, and Chondrin made of cartilages, as no distinction is made in their application.

given in the form of artificial solution. Are the salts, acids, etc., when in "natural solution" endowed with peculiar chemical properties, differing from the same salts or acids prepared by chemists? Are all the chemical facts—their laws which men of science have established by long and laborious researches—tending to question Nature as to the proceedings and processes in her giant laboratory fallacious, a mere fancy instead of imperishable truth?

If there were not more harmony between reason and truth, medical men might well look down with scorn at the pretensions of chemists to explore successfully the labyrinths of organic nature.

In speaking of mineral waters even the mischievous help-mate—"vital power"—cannot conveniently be brought forward to aid superstition; and, further, the more recent brilliant discoveries in the department of organic Chemistry have fully sustained the principle first so happily applied by the immortal BEZZELIUS.* "The application of that which is known and will be, of the mode of combination of the elements in inorganic nature, must be the guides by which we may hope to get a true and harmonious conception of the composition of those bodies which are formed under the influence of the vital process."

The boundary in the classification of organic and inorganic bodies, in regard to their origin, becomes more and more removed since chemists have succeeded in preparing urea and other animal and vegetable products artificially.

Allowing, however, in some cases, the effect of mineral waters to be different from what we might anticipate from their composition, is it not rather owing to imperfect analytical methods, to an over-sight of certain constituents on the part of the chemist, as it happened with Boracic acid now discovered in many mineral springs since ROSE, of late, advised a better plan for tracing it in solutions? But as respects the use of mineral waters, in a medical point of view, in accounting for the marvellous benefit persons derived from them at certain hydropathic establishments, we must not under-rate the supreme value of diet and exercise as means of cure, and not neglect the reciprocal action of the mind on the body, (as we see so clearly illustrated in some cases of home-sickness, etc., terminating fatally), and acknowledged by every intelligent practitioner. Permit me to give but one instance: Suppose a Southerner, who indulges in high living, whilst the warm air surrounding him is deficient in oxygen, languid respiration will ensue, and in consequence thereof hepatic disease; he starts for a northern spring, and is cured; was the mineral water—if he drank any at all—or perchance the change of air, moderate exercise etc., his best doctor? I think many a care-worn patient might regain health and vigour, cheaper and sooner than at a fashionable water-establishment, by travelling any where into a healthy country, changing

*Vide Constitution of Organic Compounds. By H. EMMI. Boston: OTIS CLAPP, 23 School Street.

home scenes, and indulging in the pleasures of a sociable and easy life.

Sincerely yours,

HENRI EARL.

University, Burlington, December, 1854.

Art XX.—On the use of Ammonia in Snake-bite.

By GEO. A. CUTLER, M. D., OF GENTRYVILLE, MISSOURI.

CASE 1. On the 25th of July, I was sent for by my friend, Dr. H—, to consult with him in the case of a boy, aged 11; who had been poisoned by the bite of a Rattle-snake. I found the patient in an extremely precarious condition; extreme prostration of the nervous system; vomiting; icy coldness of the surface; faltering pulse, and considerable delirium. His left leg—the one that had received the wound—was swollen to twice its ordinary size. He was evidently sinking rapidly. Dr. H., had lost a case the summer preceeding under almost similar circumstances. In this case he had used every remedy his mind could suggest. He had bled, cauterized, applied cataplasms, administered Brandy, and opium, Turpentine, enemias of mustard and opium, and a dozen other remedies, but all to no purpose. He evidently considered the case as hopeless. I suggested to him the propriety of giving the following:

R. Spiritus Ammonia Ar. ℥i;

Liquor Arsenicalis, gtt xv. To be given in a wineglass of Holland gin every 30 minutes. To which he assented, remarking, however, that he thought all treatment useless. The first dose increased the vomiting. But ten drops of the arsenical solution was given in the second, and entirely omitted thereafter. A manifest improvement began to show itself about the fourth dose; the breathing was easier, and the vomiting began to subside. In three hours after the first dose was given the surface was bathed in a gentle perspiration. As the intoxicating effect of the gin soon began to develop itself, we omitted it and gave one drachm of the ammonia, in a wine-glass of sweetened water, every hour.

Left the following linament to bathe his legs:

R. Tinc Opii, ℥ij;
Aqua Ammonia, } aa. ℥ij;
Ol Olivæ,
Hoffman's Anod. ℥ij.

Eight days afterwards I saw him in town.

CASE 2nd. JOHN BARTON, aged 16, was bitten by a rattle-snake, while hunting, he gave his gun to his companion, and ran to town, (about 4 miles.) He fainted as soon as he entered my office door, on reviving he told me he had been bitten by a large snake. I found, on examination, that his leg had begun to swell, and the symptoms soon assumed that of poisoning in its worst form. I immediately gave him two drachms of

Liquor ammoniac in a wine glass of diluted Brandy, and afterwards gave one drachm every fifteen minutes, until four doses were given, and then gave the same every hour. There was no trouble whatever with this case; he was confined to his room but two days. His companion brought in the serpent and it was over three feet long.

CASE 8d. On the night of the 29th of August, I was sent for to visit a boy, aged 12, who had been bitten the day previous, by a water moccasin, (*Trigonocephalus piscivorus*) while fishing. As the patient lived some eight miles in the country, and, as they had delayed in sending for me, it was some fifteen hours after the accident before I visited him. I found his symptoms almost similar to those of the first case. The surface was hot and dry, instead of cold. He became speechless about two hours before my arrival. He complained of considerable pain, his mother informed me, in his stomach. I applied a cataplasm over the epigastric region; and treated the case in precisely the same manner as I did the first, and with almost precisely similar results. He did not require another visit.

Now, I feel confident in asserting that the first and third patients owe their lives to the ammonia; nor do I believe that any other remedy would have preserved them. That the second owed his rapid recovery to the ammonia I have every reason to believe. Out of six cases which occurred in this neighborhood, in the last two years, and treated locally and antiphlogistically, four died and two recovered after a long and tedious sickness. Of four cases treated this summer with ammonia, all recovered in less than ten days. One of the patients I did not see. She was under the care of Dr. H. He used the ammonia, he informed me, with the happiest effect.

Art. XX.--Fatal Case of Dysentery.

DR. NELSON.

Dear Sir:—I wish again to communicate for your LANCET, the history treatment and result of a case of Dysentery, which occurred in my practice, and was treated by myself, after the second week of illness.

N. T., a young lady aged 18 years, was attacked with Dysentery, while visiting some of her friends at Indianapolis. She was attended by Dr. —, of that city, during two weeks, at the end of which time she had improved temporarily, and was dismissed by her physician for the purpose of returning to her friends in this place. She came on the cars, one hour's ride, starting at four o'clock in the morning to meet the cars. When she arrived here she was nearly exhausted. I was called to see her, and found her with the following symptoms: Pulse 150; skin hot, and dry; tongue red and dry; great nervous excitement; discharges from the bowels frequent, and consisting of blood and mucous with considerable pain and tenesmus; tenderness very great in "right iliac fossa," indi-

cative of inflammatory action of the ascending colon. Her treatment before I saw her had been on the opiate plan principally, from which a palliation had been effected, during which time she returned home, her physician telling her there was no danger in the effort.

My diagnosis was: an acute attack of Dysentery, followed by an improvement of symptoms; and when I was called to her a disposition to chronic Dysentery, which afterwards was verified by more prominent symptoms. The opium had been used so freely, that it required almost a double portion to affect the nervous system. I prescribed under the circumstances, oil with laudanum, which had a good effect in soothing irritation, and moving the bowels. Pulse reduced to 100 beats in the minute. The bloody discharges diminished, and the evacuations for a time assumed a healthy appearance. But, again and again, occurred those changes from better to worse, till at the end of two weeks, when she apparently was slowly improving, she was taken with hemorrhage from the bowels, at 8 o'clock in the evening. The first appearance from the bowels was a discharge of coagulated blood encased with fibrin, about four inches in length, and followed soon after with a similar discharge, and after that as a failure of the vital powers followed, discharges of blood were involuntary. The most active means were used to sustain her. Brandy and Carbonas ammonia as stimulants, and Mur. Tinc. Iron to control the hemorrhage which it did about two o'clock of that night, but the system was so reduced that reaction could not be established, and she died at 8 o'clock next morning. She suffered in the last stages with a chronic mucous inflammation, with ulceration and breaking down of the mucous membrane; and I cannot account for the loss of so much blood but from an ulceration of some of the arterial branches distributed to the rectum and colon, perhaps the middle hemorrhoidal and right ilio-colic arteries, as the blood which passed before coagulation was evidently arterial.

A post mortem examination was not obtained though solicited.

It is due to remark that a proper use of alteratives done more good than any other remedy, and was pushed as far as to gently touch the system.

R. E. HAUGHTON, M. D.

Knightstown,
Henry Co., Indiana.

At some future time, I wish to speak of a case of reflex spasmodic action, in a child, different from any thing observed here by our oldest physicians.

Art. XXX.—Treatment of Habitual Constipation.

DR. NELSON.

Dear Sir:—I have read in the October Number of your LANCET the report of a case of Obstinate Constipation in an Infant, by Dr. S. C. BROWN

of Domestic, in this State. This constipation is, doubtless, due to a deficiency of Nervous energy. I had once a case of the kind which was cured by frictions along the spine, and the exhibition of Strychnine, in the form of HALL's solution, together with small quantities, daily, of the essence of unbolted wheat flour. The same plan would no doubt succeed in Dr. BROWN's case. Drastic purgatives under these circumstances, I believe, are injurious.

Truly yours,

F. J. STRATTON, M. D.

Mount Healthy, Ohio, November 20th, 1854.

Art. XXX. "Case of Habitual Constipation in an Infant."

DR. NELSON.

Dear Sir:—In the October Number of your LANCET, Dr. BROWN, of Domestic, Ohio, reports a case of Habitual Constipation in an Infant, about one year old, which has been a constant symptom since birth. He informs us that cathartics have been repeatedly administered without benefit, the bowels responding only to injections. If the evacuations give any evidence of sufficient hepatic secretion, I would trust the case to Strychnia, and securing evacuations when necessary by laxative enemata. The want of peristaltic action, doubtless, depends upon a deficiency of intestinal nervous energy. In a patient so young, so powerful a medicine as Strychnia, should be administered in small doses, and with much caution. I have no experience with the remedy in patients so young; but, in appropriate cases, it occasionally acts very satisfactorily in adults.

Should Dr. BROWN make use of the above remedy, I hope he will report the result with full particulars in the LANCET.

Respectfully yours,

O. C. GIBBS, M. D.

Perry, Lake County, Ohio, December, 1854.

Art. XXXI.—Remarks upon Convalescence.

BY EDWARD KANE, M. D., PROFESSOR OF MEDICINE
IN THE UNIVERSITY OF VERMONT.

[Continued from page 121.]

And here I cannot do better than to transcribe the emphatic language of the eloquent and learned SMITH who remarks, "Of the great tendency there is to relapse, during the whole period of convalescence, few medical men are sufficiently aware, and the unprofessional attendants on the sick are totally ignorant of it. For a long time, the brain, the bronchi and the intestines remain so irritable, that the slightest excitement is capable of

renewing the diseased action which has recently subsided ; but without excitement of some kind, that renewal never takes place." In our observation, too, there is no form of disease, in which relapse is more intractable—none in which a fatal termination may, with more certainty, be predicted, and yet recoveries will occasionally be effected.

Peritonitis is another of the diseases, in which relapse is exceedingly liable to occur. And perhaps there are but few other forms of disease in which slight errors, either in exercise, the use of food, exposures to the inclemencies of the weather, especially, as regards, humidity and sudden and extensive alternations of temperature, are more certain to revive the morbid action, from which the patient was progressing favourably towards recovery ; nor any in which melancholy results are more likely to follow, when relapse does occur. And, here, we feel a strong inclination to assume, as a law, that inflammatory affections of the serous tissues tend more strongly to relapse, than do inflammations of any other tissues of the entire frame. This much, it is believed, will not be question, viz : that, of the inflammatory affections, no one has a stronger tendency to renewal, hence remarks an intelligent writer of the present day : "In no inflammatory affection is so much attention requisite to prevent relapse when recovery happily commences, as in peritonitis."

The various hydropic affections, dependent, as they are, generally, upon an abnormal state of some portion or portions of the solid tissues, offer a remarkable confirmation of the point, now, under consideration, and especially as regards hydrops pectoris.

Most of the diseases of the mucous tissue of the alimentary canal evince the tendency to renewal, under the disturbing influences of slight causes, in a remarkable degree. Nor can less be expected, when it is considered how vital are the parts concerned in the disease, how extensive and controlling their sympathies, and further, that they in their complex organization, are the organs through whose varied offices of digestion, chymification, etc., the nourishment is elaborated and prepared to meet the wants of the various and complicated organs and tissues of the economy.

Not to dwell longer upon particular forms of illness, it will be sufficient for the purpose I have in view, to aver that relapse and the strong tendency towards it, in most, if not all acute diseases, and in no small proportion of those that are chronic, is among the most alarming sources of embarrassment, and in its often fatal results, of chagrin that falls to the lot of the practitioner of the healing art.

It often happens that some new and unexpected form of disease will spring up in the stage of convalescence, and at a time, when from the manifest declension of existing symptoms, there has been reason to hope a speedy and satisfactory recovery. This phenomenon and the proneness to it, are to be distinguished from the proclivity towards relapse, which we have just considered. Usually the new and unexpected difficulty, with which we have to contend, manifests itself with exceeding suddenness and with remarkable severity, and as vital energy is already much abridged by preexisting disease, the convalescent is placed again in dan-

ger often the most imminent. "Thus" observes another, "in small pox, after the eruptive stage has passed, secondary fever often supervenes which may be in some cases traced to local disturbance; and we not unfrequently observe in this disease as well as in measles, a troublesome form of ophthalmia, which is tedious and often dangerous to vision." In measles" says the same writer, "the convalescence is very frequently interrupted by some other local inflammation, generally of the lungs, or by the supervention of glandular disease, more particularly in the advanced period of the disorder. In scarlet fever the stage of convalescence is also occasionally protracted by various symptoms which often prove tedious and difficult to subdue. Anasarcaous swelling of the extremities of an acute character, with or without internal effusion, glandular enlargements and inflammation and tedious and exhausting suppuration, "inflammation of the ear, inflammation of the large joints, and irritation of the mucous membrane of the bowels, are among the more troublesome sequelæ, which materially retard convalescence, in this disease." Acute, and, but too frequently, suddenly fatal peritonitis is another of the sequelæ of scarlatina, which is of very common occurrence, of which the practitioner should be fully aware, and against which, as well as all those mentioned in the above somewhat lengthened quotation, he should guard his patient with untiring vigilance.

There are other facts and circumstances, of a less general nature, that give interest to the stage of convalescence, and which are observed to belong to particular classes of disease, as well as to individual affections. Thus as a rule of general application it will have impressed every observer that the progress of recovery is much more rapid in sympathetic fevers than in those that are idiopathic. In the former, notwithstanding, the patient may suffer more severe and harassing distress, and though the confusion into which many of the vital functions are thrown, may for the time be more remarkable, yet generally speaking, nervous energy is much less depressed—the cause being widely different in kind, has not effected deterioration of the secretions and fluids at large, in the same degree as in the latter,—hence as soon as inflammation has subsided the system seems at once relieved of the burthen that oppressed it, and, soon, if due caution have been observed, returns to its normal state.

Not so with the latter—the diseased action involving, doubtless, the primitive sources of life, and in its intrinsic nature being tedious, but too frequently, although the most efficient treatment, that science and the lights of past experience have afforded us, have been applied, with the most consummate skill, continues to indefinite periods—consequently in accordance with a general law, which we announced in the early part of this article, the disease being intrinsically tedious, convalescence, therefrom, is, in most cases, tardy and often exceedingly embarrassing.

As regards the varieties of continued fever, it may be observed that copious bleeding would seem to induce a preternatural irritability in consequence of which, not only is the tendency to renewal greatly enhanced,

but convalescence is rendered more liable to interruptions from the most trivial causes. Hence, observes a distinguished author, "whenever copious bleeding brings on a precocious convalescence, that convalescence is invariably uncertain and infirm." And again, "it is always steady as long as it is protected, but it has not strength equal to its apparent health it is tender and fragile as it is sensitive, the least noxious agent impresses it, the least stimulus over-powers it." And, another of equal merit, remarks, "it was, also, observed, that when blood-letting was freely employed, there was a great tendency to relapse; indeed, a great proportion of the relapses occurred among those, who were largely bled." But he further declares that "this is no argument against venesection, but should put both practitioner and patient on their guard, in the period of convalescence, especially, after large bleedings to avoid every possible cause of irritation and thus avert a probably fatal recurrence of fever." Our own observations accord with the doctrines so eloquently taught in the above quotations.

Already it has been indicated that both the anatomical structure, as well as the physiological character of the particular tissue diseased, have not merely a strongly modifying influence over the abnormal action itself, but, also, that they modify materially the progress and completeness, or the contrary, of convalescence. Thus, if the brain be the organ diseased, it does not, for a considerable time, even under the most favorable circumstances, return to its natural, healthful state; hence, to use the language of another, during convalescence, "we often observe various imperfections, either in the intellectual powers, or in some of the senses, and these may continue, even, after the causes which induce them have been removed." If paralysis have been an attendant, it will frequently be a very long time before the muscles will have completely recovered their power of locomotion; and, in no small proportion of cases, imperfect locomotivity will continue during the remainder of life, notwithstanding general health may be tolerably well restored. This is peculiarly true, if the paralysis have fallen upon either of the lower extremities. "This imperfect state of the muscular power," observes the writer, last quoted, "may exist alone, or it may be associated with some defect of the mental functions or of some of the senses."

[To be continued.]



Clinical Department.

Clinical Lectures on Diseases of Women and Children,

DELIVERED IN THE UNIVERSITY OF NEW YORK BY

Professor Gunning S. Bedford.

REPORTED FOR NELSON'S AMERICAN LANCET,

By T. A. GREGORY, M. D.

LECTURE XLIV.

Puberty in the female; its signs; its changes physical and moral in the young girl; menstruation, when does it commence? Its causes, symptoms, and periodicity. What is the source of the menstrual blood? Menstruation essential to the health, but not to life.—Meteorism with globus hystericus in a young girl aged 18 years, the result of hysteria. Suppression of the menses for the last six months from fright.—Five successive miscarriages in a married woman, aged 25 years. Treatment of miscarriage.

Puberty in the female; its signs; changes physical and moral in the young girl; menstruation, when does it commence? Its causes, symptoms, and periodicity. What is the source of the menstrual blood? Menstruation essential to health, but not to life.

GENTLEMEN:

The period of puberty is one of the most interesting, and at the same time important eras of female existence—interesting because in a physiological sense it may be said to be the starting point of her physical life, her first introduction, as it were, to the pleasures, cares of womanhood; important because, as a general rule, in proportion to the facility or difficulty with which this period and its various phenomena are established in the economy, will be the future good or bad health of the girl. Puberty in the female is characterized by certain physical developments, the most prominent and remarkable of which is *menstruation*. Indeed, it may be said that the appearance of the menstrual function is the positive evidence afforded by nature that the various physical modifications or developments, more or less directly connected with the advent of puberty, have been completed. I propose to make some general observations on this subject, with a view more especially of directing your attention to the marked influence exercised by the approach and establishment of puberty over both the physical and moral condition of the female. First as to the physical changes. At the approach of puberty, the generative organs undergo a very rapid and remarkable development, which,

when completed, gives to them the peculiar characteristics, which they preserve during the rest of life. The pelvis enlarges, the organs of generation increase in volume, the integuments begin to be covered with hair, and the internal surface of the labia majora is moistened with a fluid secretion by the sebaceous follicles, which also at this time become enlarged, and enter upon function. Besides these, there are other changes no less important to be remembered. The hips become more expanded, which is due to two causes—first, the growth of the pelvis, and secondly the increase of cellular tissue. The breasts also enlarge; in a word, the entire person of the girl loses its original form and features of the child, and assumes, through these successive changes, the graceful tournure of the woman. Closely allied with, and directly consequent upon these modifications in the *physique*, are to be observed certain changes in the *moral* of the individual. Before this, the girl was not only in reality a child, but she was conscious of the fact, and hence all her thoughts and acts were those of the child—she was gay and sportive, wayward and without care. But now there is a something, which tells her that she enters upon a new existence—new responsibilities devolve upon her—and, if I may be permitted to say so, her sex is defined—hence we find her reserved—she feels that she is a woman, and instinct points out the modest bearing so emphatically the attribute of her character. When these various physical and moral developments have been completed, and even before, the most important function in the female economy commences—I mean menstruation. The menstrual function consists in a monthly sanguineous discharge which commences at puberty, and continues periodically, except during pregnancy and lactation, until the fortieth or fiftieth year of age, when its final cessation takes place. There is, however, much irregularity both as to the time of commencement and the period of termination of this function; and its early advent or final cessation will be controlled by various circumstances. The menstrual discharge is the direct consequence of congestion of the ovary, the result of the ripening or maturation of the Graafian vesicles, and the discharge of the ovule which it envelopes; this emission of the ovule takes place at each menstrual crisis. There is, indeed, a striking similarity in this respect between the menstrual period in woman, and what is termed the period of *heat* in animals. The doctrine is very generally maintained that menstruation is peculiar to the human female. If by this it be intended to convey the idea that the function as it exhibits itself in woman, with all its phenomena, its duration, etc., is exclusively recognized in her, then I can see no objection to the doctrine, for it is founded upon undeniable evidence. If, on the contrary, it be argued that during the period of *heat*, certain animals do not have any sanguineous discharge, no matter how slight or for how short a time, then I object to the doctrine for it is against the evidence furnished us by accurate observation. Examine, for example, the slut at the time she is about to take the dog (her period of *heat*), and you will find not only congestion of the parts, but also a slight sanguineous secretion; and during this time of *heat* the same thing is observed which is so

characteristic of the menstrual function in woman, viz : the spontaneous maturation and subsequent escape of ovules. This periodical maturation of the ovules, and their separation from the ovary at the menstrual crisis is now the accepted doctrine, for which we are indebted to the united labors of BISCHOFF, GENDRIN, NEGRIER, RACIBORSKI, and others.

Period of the first Menstruation. The period at which the menstrual function appears for the first time in the female varies according to numerous circumstances, constituting so many influences which either hasten or retard its establishment ; among these influences may be mentioned, 1st. Climate ; 2nd. Education and mode of life ; 3d. Temperament and Constitution ; 4th. Race. A clever writer, ROBERTON, has attempted to show that Climate exerts no influence over the early or late appearance of the menstrual function ; but, in my opinion, he has signally failed in the proof. His arguments are certainly plausible at first sight, but when closely analyzed they, like the facts he adduces in support of his opinion, are not only unsatisfactory, but are entirely void of strength.— Nothing, I think, is more completely settled than the influence exercised by Climate on this function. Here, for example, in New York, girls, as a general rule, all things being equal, begin to menstruate from 18 to 14 years of age ; whilst in more southern countries, such as India, Egypt, Turkey, etc., it is not unusual for the function to commence at 9 and 10 years of age. In Sweden, Siberia, and other cold regions, the usual period is from 16 to 18 years.

Education and mode of life also exert a remarkable influence even under the same climate. The girl, for instance, reared and educated under the blandishments and excitement of city life, her head filled with the prurient ideas engendered by the perusal of lascivious books, and a spectator of, if not a participator in, the more lascivious dance, will menstruate earlier than the girl, who is reared in the country, and whose pursuits and education are more in keeping with good sense, and good health. In speaking of the influence of Temperament and Constitution on the menstrual function, BRIERRE DE BOISMONT gives the following statistical tables as the result of his observation, which certainly has been extensive and well directed :

TEMPERAMENTS.	MENSTRUATION COMMENCED.
Sanguineous.	14 years and 6 months.
Lymphatico-sanguineous.	14 years and 7 months.
Lymphatico-nervous.	14 years and 7 months.
Lymphatic.	15 years and 4 months.
CONSTITUTION.	MENSTRUATION COMMENCED.
Robust.	14 years and 6 months.
Good.	14 years and 8 months.
Middling.	14 years and 9 months.
Delicate.	15 years and 4 months.

Some very interesting facts have been mentioned by RACIBORSKI in connection with the influence of *Race* over the late or early appearance of the menstrual function, which appear to show that this influence is su-

preme, and is not affected, or very slightly so, even by Climate. Thus, if a young infant born of English parents in London should be taken to India, and reside there permanently, she will menstruate no earlier than if she had remained in London. Reverse this, and bring an infant born in India of Indian parents to London, the same influence of race will be observed. This fact is undoubtedly one of interest. You will occasionally read in the books of cases of children menstruating as early as 2, 3, or 5 years of age, etc., but all these records must be received *cum grano salis*; at all events, they can be regarded in no other light than extremely rare exceptions. Such, however, is not the case with those instances of tardy menstruation, not only recorded in the books, but which you will occasionally encounter in practice. For example, we have had in this Clinique a patient 35 years of age, whose function had never appeared; this case you will remember was one (as we judged) of atrophy of the ovaries. We have had also before us numerous instances of girls of 17, 18, and 20 years of age, who had not menstruated; and in several of these latter, on enquiry we ascertained that they had suffered for months from more or less profuse leucorrhœal discharge. This character of discharge you will find not uncommon under these circumstances, and in such cases, as also in women whose menstrual function having been established becomes from some cause or other suppressed, you will observe not unfrequently that the leucorrhœa takes, as it were, the place of the catamenial function; and, in such instances, it becomes a grave question for the practitioner to decide how far he is justified in arresting the leucorrhœal discharge. As a general rule, I have remarked that in cases of suppression, as also in cases of tardy menstruation, those women who are affected with leucorrhœa enjoy a much greater immunity from the constitutional and local disturbances usually consequent upon an absence of the menstrual function—another proof to my mind that the leucorrhœa, in these cases, acts as a sort of salutary waste-gate. In a word, Gentlemen, my general rule is not, under such circumstances, to interfere with the leucorrhœa, but to proceed, when treatment is indicated, with remedies proper when it has never appeared to promote the menstrual function, and when suppressed to restore it. In confirmation of the propriety of this practice, I have usually remarked that as soon as the catamenia is established, the leucorrhœa ceases. Surely, then, it would be unphilosophical to regard the leucorrhœa in these cases as a pathological condition. I am rather inclined, on the contrary, to rank it in that category of numerous and admirable contrivances resorted to by nature, when there is any interruption in the functions of the economy, to break the force of morbid action. You must, however, bear in mind that some women, in whom the menstrual function is perfectly regular, will be affected with leucorrhœa for some days after the period ceases; whilst in other cases, the leucorrhœa will show itself a few days before the catamenial flow, and terminate with it, etc.

Cause of Menstruation. In reading the various and conflicting opinions advanced by Authors to explain the cause of the menstrual dis-

charge, you cannot but be struck with two facts: 1st. The manifest want of agreement; and secondly, the absurdities to which mere hypothesis will oftentimes lead its supporters. Some ascribe the menstrual crisis to the influence of the moon; others say that it is produced by general plethora of the system; others maintain that it is due altogether to local plethora, etc.; and so I might proceed to enumerate the different theories, which have been projected on this subject—but *cui bono*? Women menstruate not only at every phase of the moon, but they menstruate every hour and day in the year. What, then, becomes of this supposed lunar influence, a doctrine, I may mention, of very ancient date, and which has been warmly defended by some of the early Fathers. Again, you will occasionally see females in infirm health, the very opposite of plethora, have their menstrual turns with more or less regularity; but why should this be if the menstrual function be owing to general vascular fulness of the system—a doctrine which, also, has had its eloquent advocates. A truce to theory, Gentlemen—and let us come to facts. When a girl menstruates, it is because she has attained a point in her physical development, which enables her to perform this function. Function in a physiological acceptation is the specific act performed by, and peculiar to, a given organ. For example, the lungs decarbonize the blood; the liver secretes bile, the kidneys urine; the heart receives into its right cavities venous blood, and throws from its left cavities arterial blood, etc. These, together with numerous others are functions, which commence with the birth of the child, and which are more or less directly connected with the maintenance of life. They, therefore, differ from the menstrual function in the broad fact, that the latter does not manifest itself until some years after the birth of the being; and whilst its periodical occurrence is material to the health, yet it is not essential to the life of the individual. Now it appears to me, that the true explanation of the cause of menstruation consists in the elucidation of the simple question—viz: Why is not the function of menstruation, like the functions of the lungs, heart, liver, kidneys, etc., simultaneous with the birth of the child? The solution of this interrogatory is, in my opinion, the only philosophical explanation of the cause of menstruation—and we proceed, therefore, in a very few words to answer the above question. As soon as the child is born, and its existence becomes independent, the lungs commence their office of decarbonization, simply because the lungs are developed, and prepared for this duty; the heart receives venous blood and disposes of arterial blood, because the heart is developed and fitted for this office; the liver secretes bile, and the kidneys secrete urine for precisely the same reason. But the difference with menstruation is this—it, like the other functions, is the offspring, if I may so speak, of organic action; and the reason that it is not co-existent with birth, and does not become established until a later period, is that the organs of which it is the specific function have no physiological existence—that is they lack physical development, and, therefore, have not yet become participators in the

acts of the system. What pray are these organs? They are the *ovaries*, the essential and only organs of generation strictly so called, in the female. The development of the ovaries occurs at the period of puberty, and then it is that their physiological action commences. At this time you will observe on the surface of these bodies the graafian vesicle, this latter containing the ovule, which I have told you escapes ordinarily with the menstrual blood. As these ovules on the surface become matured the ovary itself forms the centre of a sanguineous afflux, a veritable congestion in which the fallopian tubes and uterus participate—this congestion results in the exhalation of blood, which passes from the uterus through the os tincæ into the vagina, and thence externally—and this is menstruation. But why should this function of menstruation be periodical, that is occur once in 28 days, instead of being continuous and uninterrupted like most other functions in the system? This is a perfectly legitimate question, and its solution easy. If you examine an ovary in its congestive state you will observe on its surface the matured ovules of which I have spoken, or at least the ruptured vesicles from which they have escaped; examine the organ still more closely, and you will find imbedded in the sub-jacent tissue other ovules, which are not matured, but which as they approach the surface of the ovary become so, precisely as did the first.

So in this way, there is at each monthly crisis a constant succession of ovules to be observed which either become fecundated by the seminal fluid of the male, or, in the absence of such, escape with the catamenial fluid. This periodical maturation of ovules continues from the period of puberty until the final cessation of the menstrual function. There is a singular coincidence as to the physiological condition of the ovary before the age of puberty and at the time the woman ceases finally to menstruate. Previous to puberty, the ovaries are undeveloped, enjoy no action, in a word they are inert; after the function has ceased, these same bodies fall into a state of atrophy, and are no longer engaged in the affairs of the economy. The similarity of condition in these organs before and after the menstrual periods is explained in this way—menstruation is the evidence, which nature furnishes that the female is susceptible of becoming impregnated, that is she is in a state to carry out that cardinal office of her sex, the procreation of her species. Menstruation is, as it were, but the result of the ripening of the ovules, which the female is required to furnish in order that she may perform her part in the great and interesting work of reproduction. The reason, therefore, that her ability to perform this latter duty is restricted to certain limits is because it is only within these limits—from the period of puberty until the final cessation of the menstrual function—that the ovaries are capable of secreting ovules, which constitute the *sine qua non* of procreation, so far as the female is concerned.

What is the source of the menstrual blood? This has been for some time a vexed question; but it is now very generally conceded that the menstrual fluid is exhaled from the internal surface of the uterus; this latter organ as well as the fallopian tubes participating in the periodical conges-

tion, which commences in the ovaries. The uterus at the time, and three days before the menstrual crisis, becomes congested—its weight increases and hence from this latter cause the female will oftentimes complain of more or less bearing-down pain, a more frequent desire to pass water, etc. But some women menstruate, though rarely, during pregnancy.—What, under these circumstances, is the source of the catamenia? Certainly, in such case, the menstrual fluid is not exhaled from the internal surface of the uterus—but from the surface of the cervix, from the os Tinæ, and even sometimes from the upper portion of the vagina. These latter facts have been well established by the examination of pregnant women, whilst menstruating with the speculum; it being distinctly observed that the blood was derived from one or other of the parts just mentioned.

What are the symptoms of Menstruation? The symptoms of menstruation may be divided into local and general, and they will vary according to numerous circumstances; so far from their being any uniformity in these symptoms, it is much nearer the truth to say that their variety is almost incalculable; and you will find in practice that some females menstruate without any of those premonitory and accompanying troubles, which usually characterize this event. As a general rule, for some days, and, occasionally, for weeks before the menstrual period, the girl will experience more or less uneasiness about the hips, in the sacral region and in the loins; a sense of bearing-down, with unusual heat about the vagina; this latter organ, together with the external organs and os Tinæ will undergo a degree of tumefaction; there will be sometimes severe colic with a tympanitic condition of the abdomen; the breasts enlarge and at times become extremely painful; there will be more or less derangement of the stomach; loss of appetite, insomnia, and at other times on the contrary, a constant disposition to sleep. The face and sometimes the lower extremities become œdematous; tumefaction of the eye-lids with heaviness of the eyes, and a dark blue and defined line bordering the under-lid. In addition to these symptoms, there will be others, such as cephalgia more or less intense, tinnitus aurium, deafness, indistinct vision, and, in some cases, almost every variety of nervous disturbance—hysteria, epilepsy, catalepsy, mania, etc. In truth, Gentlemen, as I have already mentioned, the first advent of the menstrual function, as well as its subsequent recurrence, may be preceded or accompanied by such a variety of abnormal phenomena, that I can do nothing more than give you, as I have briefly done, the general out line. But there is one point of great practical importance connected with the first menstruation to which I desire for the moment to advert. It is this—it is not at all unusual for young girls after the function has appeared for the first time to pass several months without its recurrence. These cases usually excite much anxiety on the part of the mother, and her first appeal is to her physician begging him to do something “to make the poor child regular.” Now, Gentlemen, in all such cases, my advice to you is—*unless there be some positive derangement of the health calling for special treatment, do nothing.* Nature abides her time, and when she has completed her arrangements will establish

the function in its proper order. Officiousness in these cases on the part of the practitioner almost always leads to ruinous results.

What is the true time between the menstrual periods, and what is the loss sustained by the female at each of these periods? All that can be said upon these two questions is that there is no universal rule with regard to either of these points of enquiry. Some women will menstruate every 28 days, others every 30 days, and others again every 35 days; whilst again, you will observe in some the menstrual period occurs every 25 days, in others every 21 days, and in others every 14 days, etc. These and other variations with regard to the periodicity of this function will be observed by you in practice. Precisely the same difference will present itself in regard to the quantity of fluid lost at each catamenial evacuation. The average quantity may, perhaps, be estimated at from 4 to 6 ounces. But some women will lose 8, others 4, others 2, and others again only one ounce. I think, Gentlemen, I have given you the true facts with regard to these points—at least they are in perfect accordance with my observation in the field of practice, and I have no doubt, too, with the experience of others. Now, allow me to urge upon you another caution on the score of officiousness. Suppose a female applies to one of you and says, "Dr. I am not as I should be, I have my courses every two weeks." Another says, "I have them only every 6 weeks;" and a third tells you "that she does not lose more than one ounce of fluid at each period!" whilst a fourth advises you that "at each of her turns she loses from 6 to 8 ounces. Here, then, are four patients each with her own peculiarity, and each one, too, demanding at your hands professional treatment. If these patients should apply to me, the first question I would address to them would be this—How is your general health? If they were to answer me that their health was good, and the only circumstance that gave them any anxiety was this irregularity as to the time of the catamenia, and the quantity lost at each period, I would say to them—Give yourselves no uneasiness—you do not require medicine—go home and be content with good health, for it is a prize more easily lost than gained. Indeed, I might very appositely, under such circumstances, quote those familiar lines inscribed on the Tomb-stone of an unfortunate victim to medication:

"I was well, I wished to be better,
I sent for the Doctor, and here I am."

Meteo-rism with globus hystericus in a young girl, aged 19 years, the results of Hysteria. Suppression of the menses for the last six months from fright. LUCY R., aged 19 years, seeks advice for an enlargement of the abdomen, which she says commenced only day before yesterday, and which causes her such excessive pain that she is fearful that she has inflammation of the bowels. How are your courses, my good girl? I have not had them, Sir, for the last six months. Were you always regular previous to the last six months? Yes Sir. Do you know what caused you to become irregular? Yes Sir—it was a fright I took. What caused you to be frightened? Why, Sir, the Lady with whom I lived, lost her watch and she said I had stolen it; she told me if I did

not give her the watch, she would have me taken up by the police. Well, did you give her the watch? Oh! No Sir, indeed, I did not take it; the Lady found it in her carriage. Had you your courses on you at the time you became frightened? Yes Sir, and they immediately stopped. Did any thing occur after you became irregular? That very night, Sir, I thought I was dying—I felt a large lump in my throat, and I had a sort of fit; they called it “falling-fit.” Did you have your senses about you at the time you had the fit? At first, Sir, I knew every thing that was passing around me—but after some time, I lost my mind. How many of these “fits” have you had? I have had them every month, Sir, since I became irregular. Do you always have the lump in your throat at those times? Always, Sir, and I cannot swallow.

Do you always lose your consciousness? Not when the fit first comes on, Sir; but after some time. Do you always have this increase of size in your stomach that you complain of now? No Sir, I never had it until the day before yesterday. Now, Gentlemen, permit me to ask you—what is your diagnosis of this case? It is one of great interest in a practical point of view, and it is important that you should clearly understand its nature. The two features about the case, which appear to absorb the attention of this girl, and which have induced her to seek advice at the Clinique are: 1st. The enlargement of the abdomen; 2d. the excessive pain, which she apprehends is caused by inflammation of the bowels. These, I repeat, are the two principal circumstances of the case in the judgement of this young woman. Let us now examine whether they have in reality any abstract importance, or whether they are not simply the results of a cause, which, perhaps, is not yet apparent to you. It appears from the conversation which has just passed between this girl and myself that, until the last six months her health was good—but since that time she has been subject to “fits,” as she terms them; and now comes to the Clinique because of an enlargement of her abdomen, and severe pain, which she attributes to inflammation of the bowels. With these facts before you, it is quite evident that, in endeavoring to comprehend the true nature of the morbid phenomena exhibited in the person of this patient, and with a view, too, of applying the appropriate remedies, we should enquire minutely as to what occurred six months since, when it appears the derangement of her health first commenced. We have made this enquiry, and you have heard the statement of this girl, viz: that while she was menstruating six months since, the function became suddenly arrested in consequence of the fright she experienced in being charged with having stolen her Mistress’ watch. On that very night, a few hours after the suppression of her courses, she says “she thought she was dying; she felt a large lump in her throat, and had a sort of fit: they called it the *falling-fit*.” These, you will remember, are her own words, and so far as they elucidate the question of diagnosis, they are full of significance. There is no doubt that the “fits” to which this girl has been subject are hysteric paroxysms, and the “lump in her throat” together with the enlarged and painful abdomen

are but symptoms of this condition. Let us examine the evidence a little more minutely. As the Lawyers say the following facts are before us: 1st. Six months ago the girl became frightened, the consequence of which was a sudden stoppage of her menses; 2d. A few hours afterwards she had a "fit" with a "lump in her throat," etc.; 3d. She has those fits every month; 4th. Every time she has the fit she has the "lump in her throat" together with difficulty in swallowing; 5th. *At first*, she does not lose her consciousness, but *she does after the fit continues for some time*; 6th. These two phenomena, viz: the "lump in the throat" and the gradual loss of consciousness are present every time she has the "fit." Now, if we subject these facts to an analysis, we shall encounter no difficulty in forming an accurate diagnosis. There is no doubt that the fright experienced by this girl was the starting point of her deranged health. One of the commonest causes of suppressed menstruation is mental emotion, such as fright, etc.; and you perceive that the second link in the chain of morbid phenomena in this case is the arrest of the menses. A few hours afterwards we have the occurrence of the "fit." We must now see whether it is possible to trace any direct connection between the fit and the menstrual suppression. To you, whose attention has been so repeatedly called to the marked influence exercised by the uterine system over the general economy, under the operation of diseased action, it cannot be necessary to enter upon an argument to establish this connection. Both in functional and organic affections of the uterus, there are striking sympathetic phenomena exhibited in the system—and these phenomena are modified according to a variety of circumstances. In one case there will be hysteria, in another epilepsy, in another catalepsy, etc. In the case of this girl, I have no hesitation in denominating the fit of which she speaks one of Hysteria—a nervous affection, which assumes myriads of forms, and which has called forth numerous and conflicting opinions. There are three pathological conditions connected with this case, which it may not be unprofitable for us to examine somewhat in detail especially as they may be classed among the ordinary phenomena of the hysterical paroxysm—the conditions to which I alluded are as follow: 1st. The *globus hystericus*; 2nd. The meteorism; 3rd. The fit with subsequent loss of consciousness.

At a very early period of our Science, indeed almost coeval with its history, it had been observed that women affected with Hysteria had a swelling in their throat; the *globus hystericus*, which oftentimes impeded respiration. The Ancient Fathers were remarkable for accuracy in observation, although they were unable frequently to explain the various morbid phenomena, which presented themselves to their view. Their attempted explanations appear sometimes indeed ludicrous in the extreme, but before pronouncing judgement against them, should we not remember how completely they were deprived of the resources with which modern Science furnishes us? They imagined that the *globus hystericus* was occasioned by the ascent of the uterus to the throat! This we know to be an absurdity—and yet in full view of the untenable hypothesis, we

cannot close our eyes against the cardinal fact that the Ancients possessed not only accurate views with regard to the pathology of Hysteria, but at the same time they were far more unanimous than the moderns in maintaining those views. They contended that the hysterical paroxysm originated in disturbed action of the uterine organs. All subsequent observation has demonstrated the truth of this opinion—it has, and will continue to survive the disputations of the men of our own times on this vexed question. So that, if on the one hand we may be disposed to smile at the absurdity of an hypothesis, we have good reason, on the other, to yield our profound respect to the fidelity of observation exhibited by the early Patriarchs of our Profession. We, who understand at the present day, through the developments of the physiologist, the beautiful and harmonious workings of the nervous system in health, and its perturbing action under the influence of disease, can have no difficulty in explaining the various symptoms, which usually accompany Hysteria; and the globus hystericus which is one of the most constant attendants of this affection is simply the result, if I may so speak, of depraved nervous action. Nothing is more common in Hysteria than tumefaction of the hypogastrium and abdomen, disturbance of the diaphragm giving rise to hiccough, etc., tumefaction and spasm of the esophagus, trachea, etc., producing in the one case difficult, and sometimes impossible deglutition, and in the other disturbed respiration, and a sense of suffocation. Now what are all these phenomena, but so many evidences, not of primary derangement of the nerves distributing themselves to these different parts, but disturbances of the nerves of an important centre—the uterine system—with which these parts are in close alliance by means of the ganglionic distributions. It is scarcely necessary for me to trace these nervous connections, but in recalling your knowledge of anatomy you will at once appreciate both their interest and importance. Commencing with the great trisplanchnic nerve as found on the uterine organs, you recognize an unbroken chain of connection through which either healthy or morbid influence is transmitted—including the different abdominal ganglia, and especially the semi-lunar ganglia and solar plexuses—and then passing along the other connections, you will remember the celiac, diaphragmatic plexuses, the various thoracic ganglia, the cardiac nerves, not forgetting that important link the pneumogastric, then the cervical ganglia, etc. With this brief retrospect of the various nervous distributions, you have the key, which explains to you how derangements in the nerves of the uterine system will to a greater or less extent involve distant organs—at one time causing derangements in the abdomen, at another in the thorax, at another in the throat, etc.; and you must also remember that by the same character of connection the brain oftentimes will become disturbed. The globus hystericus is, therefore, the result of primary irritation of the uterine nerves, this irritation being transmitted, link by link, through the whole chain until it reaches the nerves of the esophagus and trachea.—Let us now, for the instant, enquire as to the manner in which the meteorism or flatulent distension of the abdomen—another usual accompani-

ment of Hysteria—is produced? It is precisely in the same manner—the abdominal ganglia together with the solar and semi-lunar plexuses become secondarily the seat of irritation, the digestive functions suffer derangement, as is exhibited in various ways, such as the sudden secretion of gas, giving rise to a veritable meteorism, pains, etc. One word now touching the convulsive paroxysm and the subsequent loss of consciousness. You will occasionally observe the most frightful contortions during an attack of Hysteria; and at other times the convulsive paroxysm will be comparatively slight. Indeed, it may be said that the intensity of the convulsion varies according to an infinity of circumstances. I have seen instances in which it required several persons to hold the patient to protect her against harm during the attack—and again, I have met cases in which there was a very slight approach to what may be called a convulsive effort. But there is one feature connected with Hysteria to which it may be useful to call your attention—it is the loss of consciousness, which sometimes supervenes in the attack. It has been seriously doubted whether in Hysteria there is ever loss of consciousness, but on what grounds, I am sure I cannot understand. To my mind there is no fact more emphatically established than that women laboring under an hysterical paroxysm do lose for the time being all sense of the external world—while again you will find that this want of consciousness is only partial. But there is a circumstance, which has been well observed by Authors, and which you, too, will recognize in practice—it is that in Hysteria the mind does not become lost at the commencement of the attack, but the unconsciousness is always gradual. This constitutes a very important diagnostic symptom between Hysteria and Epilepsy in which latter, one of the very first and most prominent symptoms is immediate and complete loss of consciousness. In questioning this girl, you will remember how particularly I interrogated her on this point. My question was, Do you always lose your consciousness in these attacks? She replied—"Not when the fit first comes on, Sir, but I do after some time." It may, however, be observed that this derangement of the intellect is not a uniform accompaniment of Hysteria. You would, perhaps, very naturally conclude that in the more severe forms of Hysteria, the heart and vascular system participate in a very marked manner in the general disturbance produced by the convulsive spasm—such, however, is not the fact. In simple Hysteria, no matter how violent the paroxysm, the pulse is usually undisturbed.

Treatment. If, Gentlemen, you have followed this case closely in all its details, and if the comments I have just made are not the veriest of all fictions, the conclusion at which we must arrive as to what should be done for the purpose of restoring this girl to health cannot admit of two opinions. The origin, the very starting point of her troubles, the real basis of her hysterical attacks, etc., is unquestionably the *suppression of her menstrual function*; and until this function is restored, she will lie so far as the recovery of health is concerned, without hope. And have you forgotten a most important disclosure made by this girl—viz: that her at-

tacks of Hysteria come on once a month, at the very time that her menstrual function should appear? What stronger fact than this to demonstrate the connection between this patient's ill health and the absence of her catamenial discharge?

When, my good girl, is the time for you to have your courses? I ought to have them, Sir, in three or four days, but I am sure they will not come on? Very well, we will do something for you to make you right again. Oh! Thank you, Sir. The reason, Gentlemen, of my making the last enquiry must be obvious to you. In all cases in which, in suppression of the menstrual function, it may become necessary to have recourse to remedies for the purpose of promoting the catamenial discharge, you will find that the efficacy of these remedies will be greatly enhanced by applying them at the *opportune time*. Although the function is suppressed, you must recollect that at each month there is what is termed the menstrual *molimen*, or in other words more or less congestion of the uterine organs, and it is during the presence of this *molimen* that your remedies will be most likely to be followed by good effects. We shall, therefore, order for this girl the application of four leeches to the inside of each thigh, just above the knee, the leeches to be applied to night; tomorrow night and the succeeding one a styptic pediluvium of cayenne pepper and mustard, one table spoonful of the former to two of the latter in a bucket of warm water just before going to bed. As a temporary remedy for the Meteorism, and also with a view of producing a free purgative effect, let her take to night the following:

R. Olei Ricini, } $\frac{3}{4}$ j.
Olei Terebenthinae, }

Now, my good girl, do what I have told you—and do not fail to return here on next Monday and report the state of your health. I shall do so, Sir.

Five successive Miscarriages in a married woman, aged 25 years. Treatment of miscarriage. Mrs. T., married, aged 25 years, says she is very much exhausted, and begs that something may be done to give her a little strength. She is extremely pale, and labors under general nervous disturbance—such as palpitation of the heart, vertigo, restlessness at night with inability to sleep. She exhibits a striking example of anæmia from losses of blood. How long, my good woman, have you been married? Three years, Sir. Have you ever had a living child? No Sir. When did you have your first miscarriage? About four months after my marriage, Sir. Do you know what caused you to miscarry at that time? I was carrying a heavy basket of clothes home, Sir, and I fell down; that same night I was taken sick, and the next day I miscarried. Did you lose much blood? No Sir, not a great deal, but I nearly died in my last miscarriage from the quantity of blood I lost. When did you miscarry the second time? Just nine months after my marriage, Sir. Do you know what caused you to miscarry this time?

No Sir. When did your third miscarriage take place? Just one year ago, Sir. Do you remember any particular circumstance that caused it? No Sir, I do not. When did you miscarry the last time? Two months ago, Sir. What caused you to miscarry this time? Indeed, I don't know, Sir. Did you lose much blood? Oh! Yes Sir, I nearly died, and I am so weak now that I can scarcely get along. The case before you, Gentlemen, is one of special interest—it involves some points of practical value to which I shall for a few moments call your attention. The subject of miscarriage is a most important one for the practitioner, and it is necessary that he should comprehend and appreciate its causes, its perils, and its treatment. Human life has oftentimes been sacrificed through ignorance in the management of miscarriage; and when death ensues, it usually does so from the profuse hemorrhage which takes place before, during, or after the expulsion of the ovum. There is one peculiar feature in the case before us well worthy of attention—and you will remark that I elicited the fact by the questions, which I addressed to this patient. The point to which I allude is this—when a female miscarries, especially in her first pregnancy, she will be very apt to have subsequent miscarriages, and this is what may be denominated miscarriage from *habit*. A knowledge of this fact inculcates in the first place the necessity of the practitioner enjoining on his patient in her first pregnancy the great necessity of avoiding all those causes, which are known to favour a premature expulsion of the ovum—and secondly, in the event of a miscarriage, to exercise more than ordinary vigilance in the subsequent pregnancies. This woman has very satisfactorily accounted for her first miscarriage—which was, no doubt, occasioned by carrying the heavy basket together with the fall of which she speaks. But she is unable to account for her subsequent troubles, and I, therefore, refer them, in the absence of other known causes, to that remarkable influence exercised in these cases by *habit*. The general causes of miscarriage are numerous, some of which appertain to the mother, and some to the Fetus. The causes, which belong to the parent may be divided into the predisposing and exciting. Among the former, may be enumerated excessive plethora; undue irritability of the nervous system, inducing premature action of the uterus; the various diseases of the uterus; general debility, etc. Among the exciting causes, you may class bodily injury, such as proceed from violence of any kind, falls, blows, etc.; fright, anger, sorrow; drastic purgatives; irritating enemata, etc.

Those causes which proceed from the Fetus are: its death; implantation of the placenta over the mouth of the uterus; disease of the placenta, etc. The question may now be asked—what is a miscarriage? This has been variously defined by Authors—but for all practical purposes, it may be said to be the expulsion of the ovum at any time during the first six months of gestation. The next question is how do the causes, capable of inducing this premature action of the uterus, act, and what are the phenomena which result from the operation of these causes? These are practical queries, and are entitled to attention. The various

causes may be said to exhibit their effects in different ways, depending upon the direct or indirect influence they exercise on the uterus and its contents. For example, in one case, they may induce an increased flow of blood towards the organ, and hence hemorrhage and its consequences ensue—in another, pain may be the result, and hence contraction of the uterus, and expulsion of its contents; whilst in a third instance, the cause, whatever may be its nature, may induce detachment of the placenta, which will result in hemorrhage and miscarriage. No matter what may be the cause of the miscarriage, the phenomena connected with the expulsion of the ovum, resemble closely those of an ordinary labor. The expulsive force is the same, viz: the contractions of the uterus. As a general rule, unless the membranes be ruptured by the rude manipulations of the accoucheur, previously to the expiration of the third month the ovum is usually expelled entire with its envelopes. It is not necessary for me, on this occasion, to enumerate the different symptoms of miscarriage; they may be embraced in the two terms *pain* and *hemorrhage*. When a female is threatened with premature expulsion of the embryo, these two phenomena, pain and hemorrhage, will almost always, to a greater or less extent, be present. But allow me here to guard you against a false diagnosis in regard to these two phenomena. In the first place, a pregnant woman may suppose herself, menaced with a miscarriage simply because she has pain. But this is not sufficient—the pain of miscarriage, like the pain of labor, is peculiar it is recurrent, marked by distinct intervals. It is in a word, nothing more than the contractions of the uterus, which you know are never continuous, but always intermittent, when engaged in the expulsion of the ovum, whether at full term, or at an earlier period. The pain which the female may mistake for labor pain may result from colic, indigestion, and various other circumstances, which have no possible connection with any specific action of the uterus. You see, therefore, it will be for you to determine as to the character of the pain, and whether it portends danger to the Mother and embryo, or whether it is an ephemeral matter, which will yield to the administration of appropriate remedies.

Again, a pregnant woman, especially in the earlier months of her gestation, may have a discharge from the vagina, without being at all threatened with a miscarriage. This sanguineous discharge may be nothing more than menstruation which, you are aware, sometimes occurs in pregnancy, examples of which you have seen in this Clinique. As a general rule, you will be enabled to distinguish menstruation from the hemorrhage of miscarriage in several ways: 1st. Its occurrence will usually accord with the menstrual periods previous to the pregnancy; 2d. It is unconnected with any of the causes of miscarriage; 3d. The patient is in good health, etc.; 4th. The flow is not profuse, and lasts generally but two or three days.

But, Gentlemen, a very important point, both for the patient and practitioner, connected with the subject under discussion is—*How is a miscarriage to be managed?* When summoned to a female who supposes her-

self to be menaced with a miscarriage, the first and obvious duty of the practitioner is to ascertain whether she is in fact menaced, or whether her fears are without foundation. If it be discovered that she is really threatened—his duty will be confined to the attainment of one of two objects—either the prevention of the miscarriage—or, if this cannot be accomplished, he must limit himself to those measures, which will enable him to conduct his patient safely through her troubles. Now, with regard to the prevention of a threatened miscarriage, I wish very emphatically to remark that this can often be accomplished, even when apparently there exists no longer any hope of attaining this desirable object; and you must allow me to impress upon you not only the necessity, but the high moral obligation imposed on the practitioner, of employing in the most faithful manner those means which are best calculated to arrest the premature action of the uterus. Let us now examine in what these means consist. The prevention of a threatened miscarriage is not to be accomplished by any act of empiricism—it is, on the contrary, to be accomplished in the first place by a just discrimination of all the circumstances by which each individual case may be surrounded, and secondly, by a proper adaptation of remedies to the peculiar condition of the system at the time. There is, I think, a great want of judgement, generally speaking, in the management of these cases—and this arises either from gross ignorance, or unpardonable carelessness. What, for example, is the first remedy usually resorted to when a miscarriage is apprehended? It is the application of cold to the hypogastrium, thighs, etc. Now, let us enquire for the instant what, physiologically speaking, will be the action of cold thus applied? You all know that its direct tendency is to produce uterine contraction, through the operation of reflex influence. Then, is cold an appropriate remedy under these circumstances? On the contrary, is it not of all agents the very one best calculated to defeat the object the practitioner has in view: viz: the prevention of miscarriage? If you can prevent the contractions of the uterus, you will also prevent the premature expulsion of the ovum—and the converse of this is equally true—if the contractions be not arrested, expulsion of its contents will be the inevitable result. You see, therefore, that the practice usually had recourse to in these cases, is not only bad practice, but it is the veriest offspring of ignorance. We will now suppose that you are at the bedside of a pregnant female who has both pain and a discharge of blood from the vagina—and that you have satisfactorily ascertained that these two phenomena are positively connected with a threatened miscarriage—what is the first thing to be done? It is this—take a survey of the general condition of your patient for the purpose of ascertaining some of the following points—1st. Is she laboring under marked plethora? 2d. Is she of an extremely nervous temperament? 3d. Has she been exposed to any sudden emotion, such as fright, anger, depression of spirits, etc.? 4th. Has she experienced any violence, from a blow, a fall, etc. These are some of the principal queries, which a vigilant practitioner would naturally institute in his own mind.

Treatment. You must constantly remember that, in the management of a miscarriage, no matter what may be the cause, which has determined it, *absolute rest must be enjoined*. This is a *sine quâ non* as to success with the remedies which you will necessarily be obliged to resort to.

The patient should be placed in the recumbent position with her hips slightly elevated. Suppose now that she is very plethoric with more or less febrile excitement? What in this case should be done, especially if there be a reasonable hope of preventing the expulsion of the ovum? Why obviously to reduce the plethora, which you will find not an uncommon predisposing cause of miscarriage. For this purpose, general blood-letting is the great agent. In addition to the abstraction of blood, give your patient 10 grains of nitrate Potassæ in a tumbler of water with vj gtt. of Tinct. Digitalis. Let this be repeated every four or six hours—*together with abstemious diet*. Again, your patient is not laboring under plethora—but she is of an extremely nervous temperament. What in this case is indicated? Certainly not the abstraction of blood—but, on the contrary, the employment of such remedies as will tend to calm and fortify the system—such as the various anti-spasmodics, nervines, etc. In these cases, I have experienced benefit from the injection of laudanum and tepid water into the rectum; lubricating the *os tincæ* with the Ungt. Belladon. $\mathfrak{zj}$ Ext. Belladon. to $\mathfrak{zj}$ of lard; opium suppositories introduced into the rectum, etc. Internally a table spoonful of the following mixture may be given every hour or so until the object is attained:

R. Syrup Papav. $\mathfrak{zj}$;
Mucil. Acaciæ. $\mathfrak{zj}$;
Sol. Sulph. Morphicæ, gtt. xx. Ft. Mist.

The above remedies, together with the cheerful and encouraging assurances that things are going on well will oftentimes have a capital influence in these cases of threatened miscarriage from purely excessive nervous susceptibility. Allow me here to make one remark in reference to the impregnated uterus in cases of primiparæ. You will find as a general rule, that women of an extremely nervous temperament, who may be termed, in fact, very *impressionable* are more apt than others to miscarry in their first gestation—and the fact is readily explained. In *primiparæ* the uterus distends with less facility than in subsequent pregnancies, and in women of great nervous susceptibility, this very difficulty encountered in the distension of the organ very frequently leads to premature action of the uterus, and the consequent expulsion of the ovum. In such cases even before there was the slightest manifestation of trouble, I have been in the habit of recommending the Lady to foment freely, *but without using friction*, the hypogastric region with warm sweet oil and landanum. This, I am sure, will often prove an efficient remedy in these cases, and I can speak of it with much confidence. Its *rationalité* is too manifest to need explanation.

But let us present to you another view of miscarriage. The treatment which we have thus very summarily suggested is intended for the *prevention* of a threatened miscarriage—let us now call your attention for a mo-

ment, to those remedies which will be indicated in cases in which it will be impossible to prevent the expulsion of the ovum, and in which the duties of the practitioner will be limited to saving the life of the mother. The true danger to the mother is the profuse hemorrhage; and instances are not few in which she has sunk from the loss of blood.

When, then, it becomes an ascertained fact that the miscarriage cannot be arrested, there are certain remedies to which the practitioner can have recourse for the purpose of causing strong uterine contractions, and thus by arresting the hemorrhage, the mother will be rescued from her impending peril. These remedies are: 1st. Cold; 2nd. The tampon; 3rd. The *secale cornutum*. Cold water dashed suddenly upon the abdomen will oftentimes be productive of the happiest effects; so also will it result beneficially when injected into the rectum. In these desperate cases this agent should never be neglected. The tampon, under these circumstances acts, if I may so say, in a two-fold capacity—in the first place, it arrests, for the time being, the hemorrhage, and secondly, the irritation produced by the tampon on the mouth of the uterus provokes contractions of this organ, and thereby facilitates the object in view. The tampon consists of numerous small balls of linen introduced into the vagina as far as the os uteri, until the vagina is completely filled up, the whole is then to be kept in place by a compress and bandage. The influence of the *secale cornutum* in inducing uterine contractions is now no longer a question for discussion. The tincture may be used for this purpose, say 3j in half-a-wine-glass of water every 10 or 15 minutes as circumstances may require. Having thus very generally alluded to the indications to be fulfilled by the practitioner in the treatment of miscarriage, I desire to say one word on a point closely connected with this subject, and you will, I am sure, find it useful to be remembered. When a female has had one or more abortions, you will find it to be essential that she should not become pregnant for at least *several months after the last trouble*; this should be distinctly enjoined, and if your advice be not followed, the censure will not be with you, but with those who, having rejected your counsel, cannot consistently hold you responsible for results.

It now remains for me to suggest a course of treatment for the patient before us. She is, as you perceive, much exhausted, and presents a striking example of the inroads, which frequent miscarriages will make upon the general health. This patient needs building up—and for this purpose nothing, perhaps, is better suited to her case, as a medicine, than Quinine:

R. Sulph. Quinæ, gr. xx;
Acid. Sulph. Dilut., gtt. xx;
Syr. Zingiberi, ℥ iv. Ft. Sol.

A tea-spoonful of the above solution to be taken three times a day—a nutritious diet, and half a pint of porter daily. Do you wish, my good woman, to recover your health? Indeed I do, Sir. Then I would recommend you to send your husband to Texas for at least twelve months. Oh! Sir, I would not like him to go so far—but he has an offer to go to Pennsylvania to work in the mines. Well, Pennsylvania will do as well as Texas, provided he leaves you at home. I am not going, Sir. That's right. Good morning!

Original Translations.

XIX. ON ACUTE PLEURISY.

BY F. L. A. VALLIEX, PHYSICIAN TO STE. MARGUERITE HOSPITAL, ETC.

[Translated from the "Guide du Médecin Practicien, ou Résumé Général de Pathologie Interne et de Thérapeutique appliquées. 2nd Edition Paris, 1850. vol. 1. p. 544.]

[Concluded from page 81.]

§VII. Treatment.

We are not to be surprised that the treatment of Pleurisy—being of much less interest than that of Pneumonia—has not received an equal degree of attention by writers. In fact, with the exception of a few special modes of medication, we find no truly important work upon this subject. But if pleurisy is not, in general, a very dangerous disease, it is always of serious import even in its most simple form. It is, therefore, necessary that its treatment should be considered with more care than it has hitherto been done.

Venesection. Physicians generally bleed sparingly; though lately M. BOUILLAUD has applied to the disease—however within certain limits—his treatment of copious and frequent bleedings. He bleeds from once to four times, and moreover he orders two or three local bleedings giving from three to twelve cups of blood. Other practitioners are generally satisfied with one bleeding at the onset, and then the application of a few leeches or cups to the affected part. What value are we to place on these two plans of treatment? It is plain that to reply to this question we are not to consult the bills of mortality for a difference that would prove nothing. If, in fact, one or the other of these plans is adapted to a case of pleurisy occurring in a person of unimpaired health, a cure will follow; but, on the other hand, if the pleurisy is a complication of another affection, and more particularly a severe one, the case generally ends fatally. This result is not in the least influenced by copious bleedings; but it may be asked, if the disease is shortened by free bleedings—if the principal symptoms are sensibly mitigated—if, in a word, there is such a manifest improvement which is to be looked upon as a result of copious depletion? In relation to the duration of the disease I have noted 26 cases of simple pleurisy: in ten cases free bleedings were performed, while in 16 they were moderate; the disease continued for fourteen days in the first class, and sixteen in the second. The difference, therefore, is scarcely worthy of note, and it will be still less so if among the cases where there was but a moderate bleeding we had shortened the duration of one which is an exception to all others (fifty days.) I know that these figures will not go far towards establishing a positive result,

and they are only given as data while more extended observations are awaited to come to a definite conclusion. I should say that in the present state of our science, we cannot suitably appreciate the influence of more or less copious venesection upon the principal symptoms; generally speaking they mitigate the first symptoms and diminish the febrile action, and the pain in the side is frequently removed after the first application of leeches or cups. This is all we know upon this point. The general rules to guide us in bleeding are the strength of the patient, the force of the pulse, and the intensity of the febrile action. We no longer seek to determine from what arm (side) we are to bleed, and as regards the old precepts of not bleeding after a certain number of days, this is looked upon, and justly so, as of no value.

Emollients and *demulcents* are employed conjointly with bleeding; they are adjuvants which should not be neglected. Thus, infusions of marsh mallows, of violets, etc., and gum water should be prescribed in every case. Moreover to relieve the cough and induce some sleep we generally add some narcotics. Opium in the dose of 0,03 to 0,05 or 0,10 grammes will meet these indications; 15 to 30 grammes of syrup of acetate of Morphine or of Poppies answer the same purpose.

Emetics. Tartarized antimony was frequently administered by the older practitioners to overcome biliary complications; but as I have already stated, in a large number of cases they did not discriminate between Pleurisy and Pneumonia. The following is M. CHOMEL's opinion of the use of emetics in pleurisy: "Observation has taught me this: biliary symptoms occurring at the onset of pleurisy disappear, in the great majority of cases, in the course of a few days while antiphlogistic measures are employed—soothing drinks and diet. If instead of restricting ourselves to this treatment, we begin by administering an emetic, the patients, from the fatigue that accompanies and follows the efforts at emesis, generally suffer no material change. They are, on the contrary, highly benefitted when symptoms of gastric disturbance have continued for several days in spite of bleeding and dieting." We, therefore, see that we are far from being enabled to come to a precise conclusion of this indication, by the close analysis of facts. However, although this opinion is peremptorily expressed it should nevertheless be borne in mind in those cases who favour it. RICHTER combined nitrate of potassa with the Tartarized Antimony. LAENEC administered the antimony in larger doses in the acute stage of pleurisy; but he has said nothing in proof of the efficacy of this plan, which M. MERIDEC LAENEC regards as dangerous. We restrict ourselves at the present day in administering the antimony in emetic doses according to STORR's method. It is useless for us to allude here to other emetic agents, as Kermes, etc.

Blistering. Although much doubt has been entertained of its utility—is one of the most general applications in Pleurisy. We are not in possession of statistics derived from proper facts to throw light upon this therapeutical point; hence the majority of physicians who order blisters in pleurisy do so solely because they have been generally recommended,

and not because they are satisfied of having obtained good results from their application. Some apply the blister at the very beginning of the disease; this plan should not be adopted, not that it will increase the pain, for, on the contrary, it may materially relieve it, but because becoming a new source of febrile action, it may counteract the advantages ordinarily derivable from bleeding. However as the febrile action is less intense than in pneumonia, there is here less inconvenience. Many physicians apply the blister a few days after the disease is developed, when the principal symptoms are mitigated, and that the absorption of the effused fluid becomes the primary indication. Is the absorption really assisted by the blister? We cannot reply. The facts recorded by writers tend little to the solution of this question; as in almost every case, the blister was applied conjointly with other active measures. I will only add that M. CHOMEL thinks that blisters influence the removal of the effused fluid.

Mercurial Preparations. Mercurial preparations have been frequently administered, and continued in some cases to the producing of ptyalism. SCHMIDTMANN added calomel to opium. M. BOVILLAUD has sometimes adopted this plan in giving 30 to 40 centigrammes of calomel with extract of opium. In a case complicated with tubercles, and recorded by M. HIRTZ, calomel was administered to salivation, but the patient died. Therefore it will be seen that we have nothing positive in relation to the efficacy of mercury in pleuritis.

Diuretics. It is quite natural that in a disease where an accumulation of serum takes place, we should have thought to employ hydrogogue, and particularly diuretic remedies. This practice is of ancient date; and although it has been frequently had recourse to its results are but imperfectly known. We should, in the present state of the science, look upon diuretics more as adjuvants than as remedies of established efficacy.—LAENEC had some faith in diuretics; but he thinks that to be truly beneficial, they should be given in larger doses than is commonly done. He preferred the Acetate of Potassa, in doses of 24 grammes daily, and gradually increased to 60. The following decoction will meet this indication:

R. Acetate of Potassa, 30 to 60 grammes;

Decoction of Dog-grass, 550 grammes. To be taken

during the day.

LAENEC also recommended large doses of Nitrate of Potassa. He administered from 2 to 12 or 16 grammes a day, according to the susceptibility of the patient. We prescribe it as follows:

R. Nitrate of Potassa, 4 grammes;

Infusion of Elder, 200 grammes;

Syrup of the Five Roots, 40 grammes. A spoonful

to be taken at a time.

Sometimes, also, LAENEC conjoined muriate of ammonia with the nitrate of potassa according to TRILLER's plan. He also prescribed the extract of squills—as had been done by many before—according to QUAIN's method in dropsy; that is 0.10 grammes once in three hours. Finally he

administered urea, commencing with 0, 60 grammes, gradually increased to 4 grammes and even more. The urea is to be dissolved in a sufficient quantity of distilled water.

Digitalis, is a remedy that may be considered as having a two-fold effect; 1. As a sedative, and 2 as a diuretic. It has been recommended by TOMMASINI, who employed in a case where bleeding seemed useless, and by McLEAN who reports a case somewhat similar. What are we to think of the remedies we have just alluded to? In regarding them in a general view, we may say with LARNEC, that they are unfaithful means; and we may add, in relation to the particular case under consideration, that there is not a well authenticated fact in their favour. We would, therefore, be in error in attributing to them a high degree of confidence.

Antispasmodics. Musc is the remedy of this class more generally employed; but no positive fact enabling us to determine its action, it is useless to study a plan of treatment wherein the physician can have no faith. I will say the same of tonics administered in cases of secondary pleurisy in very debilitated persons: of large doses of quinine prescribed by M. BAUDELOQUE in the pleurisy of children; of hydrocyanic acid, a highly dangerous remedy, and whose effect, in the majority of cases, is so problematical; and, finally, of many other agents such as flax, bitter-sweet, etc., whose efficacy is not in the least demonstrated.

It will now be seen from what we have just said that the treatment of acute pleurisy is rather poor and not complicated; and this is easily explained. We have seen, in fact, that simple pleurisy is an affection naturally tending to a cure; all we have to do in such cases is to adapt our means to the relief of the prominent symptoms, as sometimes nature herself will take charge of the curative process. In complicated cases, on the other hand, the original disease being generally severe, and the pleurisy—apart of its importance which I am far from under-valuing—being frequently but accessory, the means directed against it are of little activity because we are always engaged in a special manner with the disease it complicates. This is, moreover, what LARNEC had foreseen, when he said that we were to prescribe no remedies, or even were we to order the most varied and the most harmful agents, the pleurisy would nevertheless tend to a cure in the great majority of cases. We should, then, in cases of simple pleurisy have recourse to few means of the most simple character, and whose efficacy is more satisfactorily demonstrated than that of all others. On this subject I will report Louis' treatment as indicated by M. WEBER.

TREATMENT OF M. LOUIS.

One or two general bleedings at the onset; if there is severe pain in the side 12 to 20 leeches to be applied to the painful part; a re-application of the leeches is seldom required. For the first days the patient should drink freely of diluents; the diet to be strict. When the most acute symptoms have subsided, order decoctions of nitre and of ethereal tincture of digitalis in doses of 8 to 60 drops. At the same time cover the entire af-

sected side with a large burgundy pitch plaster in order to keep up an uniform degree of temperature. If after the absorption of the effused fluid the friction sound is accompanied with pain, apply a tight bandage to the thorax, this will force the patient to call the diaphragm into play in the act of respiration, and the pain will cease. M. CRUVEILHIER has given a few formulæ containing several of the remedies alluded to above, and which we reproduce here. The first is

R. Calomel, 0,10 gram.;
Squills, 0,05 gram.;
Powdered Digitalis, 0,025 gram.;
Syrup of Buckthorn, q. s.

The second formula is composed also of purgatives and diuretics:

R. Tincture of Aloes, 4 to 9 gram.;
Tincture of Squills, 20 drops;
Tincture of Digitalis, 20 drops. To be taken,

fasting, every second or third day.

The action of remedial means should in every case be favoured by the observance of the following general rules.

GENERAL RULES TO BE OBSERVED IN THE TREATMENT OF ACUTE PLEURISY.

1. Rest in bed, at least for the first few days.
2. A moderate temperature.
3. No vocal efforts and no prolonged conversations.
4. Absolute diet in the onset; severe regime during the course of the disease.

Recapitulation; prescriptions. A Recapitulation of the treatment of pleurisy is only of secondary importance since the treatment is not complicated. And for the same reason I will offer but few prescriptions.

1. Prescription.

ACUTE PLEURISY ATTACKING A PERSON IN GOOD HEALTH.

1. For drink, infusion of violets sweetened with gum syrup.
2. One or two bleedings of from 800 to 400 grammes. If, though it is seldom the case, the intensity of the fever and the principal symptoms require it, the number of bleedings may be increased.
3. One, and seldom two applications of from 15 to 20 leeches or of 7 to 8 cups to the painful part.
4. A diachlym or burgundy pitch plaster to the affected side.
5. Diet; quietude of the thoracic organs.

In Children, the same means are to be employed; excepting that instead of the general bleeding, from one to ten leeches, according to the age, are to be applied. General bleeding may be safely practised from ten years and over.

II. Prescription.

AFTER THE DISAPPEARANCE IN A GREAT MEASURE OF THE ACUTE SYMPTOMS, THE EFFUSION BEING NOW THE ONLY DISEASE.

1. For drink: Dog-grass and nitre; solution of acetate of potassa sweetened with syrup of asparagus heads.
2. Plaster to the thorax, *ut supra*.

3. Blister to the affected side. (LAENEC, CHOMEL, CRUVEILHIER, etc.)
4. Purgatives. (LAENEC, CRUVEILHIER, etc.)
5. Strict diet to favour the absorption of the effused fluid.

Such are the simple measures particularly brought to bear against pleurisy, the other means have been principally employed in cases of complications and are not to be repeated here.

GENERAL SUMMARY OF THE TREATMENT.

Bleedings; emollients; demulcents; narcotics; tartarized antimony; blisters; mercurial preparations; diuretics; antispasmodics; purgatives; thoracentesis; varied means.

XX. ASCITES TREATED BY INJECTIONS OF IODINE.

BY DR. PAUL DARD.

[Seven cases of ascites wherein this mode of treatment was adopted are reported, and but one proved fatal, this result being due unquestionably to the irritating action of the iodine directly upon the intestine. The injections generally consisted of Water, 125 grammes; Tincture of Iodine, 30 grammes; Iodide of Potassium, from 2 to 4 grammes. The following are the conclusions of this memoir, and the indications for the use of the injection:]

1. *Indications and contra-indications of the iodine injection.* It is to be resorted to after the ordinary means to overcome the dropsy have proved of no avail; in all cases of ascites without appreciable lesions, and caused by a secreting irritation of the peritoneum—primary irritation in some exceptional cases, but most generally caused by menstrual derangements, by a residence in damp localities, or by a neighboring inflammation, as, for example, enteritis. If in symptomatic ascites, the primary lesion has been removed, and the dropsy still persists, recourse may be had to the injection. However, should the cause of the ascites be still persistent, if the quantity of effused fluid compressed the viscera, and was productive of great inconvenience by its volume, we could try, by the iodine injection, to modify the peritoneal surface and lessen the amount of secreted fluid and relieve the patient, as if the directions we will give are followed, no harm can result from the operation. In two cases of encysted dropsy, the same rules for the use of the iodine injection were observed as in simple ascites, and success was the result in both cases. However as these are the only two cases that have fallen under our observation, we can only advise the reader to be guided under similar circumstances by the directions hereafter to be given. The continuance of the lesion keeping up the secreting irritation—as enteritis—is a contra-indication. A lesion of the kidneys, or any cause obstructing the venous circulation, are also contra-indications. The changes occurring in the blood under the influence of a tuberculous or scorbutic diathesis contra-indicate the use of the injections.

2. *Precautions to be taken before the injection, and how to graduate the*

quantity of the tincture of Iodine. If the dropsy is very large, make a first ponction to reduce the extent of the peritoneal surface, and necessarily the extent of the inflammation to result from the use of the iodine. We ought—and this is of the highest importance—not to draw off the whole of the fluid contained in the abdominal cavity; one or two pounds should be retained, that the tincture of iodine may come uniformly in contact with the peritoneal surface, and to prevent its immediate contact with it, otherwise fatal peritonitis would follow. It is very important to examine the serum drawn off. It is generally alkaline and albuminous, and it at times contains a slight quantity of fibrine; the iodine will combine with the alcalis and form iodides of sodium and of potassium. In truth, if we drop tincture of iodine in the serum of dropsy, the iodine disappears entirely; consequently the more alkaline the fluid the greater the quantity of tincture of iodine. We know the property of iodine in dissolving or making fluid, albuminous and fibrous compounds; therefore the quantity of iodine should be in proportion to that of albumine. This second property of iodine on the serum retained in the peritoneal cavity facilitates its absorption. If the fluid is but slightly alkaline or sparingly albuminous, we inject from 25 to 30 grammes of the tincture; if there is much albumen or alcali in the serum, the quantity of iodine will vary from 40 to 50 grammes. When we are in doubt, it is safer to inject a lesser quantity as the operation can be repeated. The whole quantity of fluid injected should not be over 230 grammes.

3. *Care to be observed in throwing in the Injection.* The injection should not be thrown in at once, but it should be made to enter the peritoneal cavity gradually; the assistants should knead the abdomen that there should be an intimate mixing of the injection and retained serum, and the canula should be allowed to remain in the wound at least a quarter of an hour. When the injection is made, if the patient complains of nothing, let a little of the liquid escape, and if the tincture of iodine is thoroughly neutralized, make a second injection. If, on the other hand, there is much pain while the injection is being thrown in, stop, and if it is very severe after you have done injecting, draw out of some of the liquid though this is at times difficult to do. There are cases where it is impossible to cause the injected fluid to return, and this may happen without any bad results.

4. *After treatment.* The sequelæ of the injections are generally very light; we have but to watch the patients and it will be seldom found necessary to interfere; however, if there is a high degree of inflammation, apply leeches, unctions with equal parts of napolitain ointment and extract of belladonna, etc. It at times happens that there are slight symptoms of iodine intoxication, but they will vanish in a few minutes. Look for the iodine in the urine, it will be detected in some cases in the course of one hour. When absorption of the liquid has begun, assist it with the means thought best to fulfill this indication. How does the tincture of iodine act? In one of two ways: it either acts in a special manner by changing the vitality of the peritoneum, and restoring the

equilibrium destroyed by the want of harmony between the secreting and absorbing processes; or it acts as an irritant inducing a modification of inflammatory action. Without denying the first explanation we prefer the second, and our opinion is based upon the tympanitis, the abdominal pain, the state of the pulse, the aspect of the countenance, all indicative of a slight degree of peritonitis. The tincture of iodine moreover acts upon the liquid which has to be absorbed while it facilitates this process.

Conclusions. Iodine injections are to be used in ascites uncomplicated with appreciable lesions, with care in other cases; in either instance after other means prove useless. Not to evacuate all the fluid contained in the abdomen, leaving therein one or two pounds. Not to throw the injection directly upon the intestine. The quantity of tincture of iodine may be determined beforehand with certainty, the composition of the fluid to be injected must be in relation with the dropsical fluid. Finally the rapid elimination of the iodine is a favorable prognosis.—*Revue Médico-Chirurgicale de Paris.*

XXI. CANNABIS INDICA IN THE TREATMENT OF RHEUMATIC AFFECTIONS. BY DR. HERR.

The tincture of Cannabis Indica, (Indian Hemp;) has been administered in rheumatic affections, more especially in the chronic form. The greater number of patients treated on this plan by the writer had been for a long time suffering with violent and severe pains in the extremities without febrile reaction, or at least this state was appreciable but only in a few cases and at night only. The various remedies had been employed with but momentary relief, and the sufferings were reproduced with renewed severity when atmospheric changes occurred. Cannabis Indica, in tincture, was now administered and the suffering relieved and cured in a short time, after promoting pretty free diaphoresis. Its beneficial influence was strongly marked in one case more particularly: the patient had been attacked with rheumatism some six weeks before his admittance in the hospital. There was tumefaction of the left hand and radio-carpal articulation; the feet were for a long time in a state approaching that of paralysis; the pains felt in various parts of the body were intolerable, more especially at night, in as much that the patient could not sleep. But after taking the two first doses of the tincture, eight drops three times daily, the patient slept quietly the first night; and by persevering in the administration of the remedy, the tumefaction and pain gradually subsided, and the appetite returned; and in two weeks the patient had so far recovered that but a trifling degree of debility was all that recalled to his mind the excruciating sufferings he had a short time before borne.—*Genesck Courant.*

Bibliographical Notices.

Elkoplasty, or Anaplasty applied to the treatment of old Ulcers. Also a new mode of treatment for delayed or non-union of a Fractured Humerus. By FRANK H. HAMILTON, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, Surgeon to the Buffalo Hospital of Sisters of Charity. 8vo. pp. 18-6.

We are disappointed in the perusal of this pamphlet, and regret that the Author should have blemished his rising reputation as a sound and judicious surgeon by the publication of an essay containing erroneous pathological views and poor surgery. He pretends to cure old and rebellious ulcers by a new—no not so, as Dr. WATSON, of New York, disputes the originality—plan, that of engrafting a piece of sound integument upon the ulcerated part. This is an improvement upon HUNTER's operation on the cock's comb. We have yet to learn that there are not two principal causes why these ulcers do not heal, or if they do so it is only tardily;—these causes may be local or general. Local, when they occur in an otherwise un-impaired constitution, and are only kept in an open state from a want of activity in the vessels of the part implicated; in other words, this is the indolent form of ulcer often met in practice; general, when to the local cause of vascular inactivity, is added a more extended and important one—a peculiar constitutional disposition, the ulcer being here a waste-gate opened by the hand of Nature for the slow and gradual discharge of the poison that contaminates the system. Now these are cases wherein it is proposed to resort to Elkoplasty. Whatever the cause of the ulcer may be we consider the grafting method as injudicious and faulty; in the one case, if there is not life enough to shoot forth healthy and sufficient granulations to close up the chasm, how can the transplanted skin take root upon such poor soil; in the second form of ulceration—from constitutional causes—the Professor's practice tends sorely to complicate matters; he may cure the old ulcer, but he only does so by transferring—what Nature has wisely taught us—the issue elsewhere, it is nothing but the derivative plan—he opens a drain in some other locality, the old ulcer heals, and the artificial one has, we presume, in its turn, to be taken care of by Elkoplasty. If we believe in the Author's theory such is the practice to be pursued. What does experience teach in the treatment of these ulcerations? It is to correct the peculiar diathesis by appropriate remedies, and we know of none better adapted than the exhibition of Plummer's Pills (Pil. Hydrargyri Submuriatis Compositæ,) alternating, as the exigencies of individual cases may require, with iodine preparations singly or in combination with tonics; and as local remedies, the solution of Chloride of Calcium or of Sodium to correct the fetor of the discharge and to excite the part to granulation; and, lastly, but of the highest importance, to afford the limb proper support by a well-applied bandage.

The cure by this treatment—always certain—may be somewhat prolonged, and will eventually result more satisfactorily to the patient than if he had submitted to Elkoplasty.

We have been prompted to make the foregoing remarks—and they are made in a true spirit of kindness, for we entertain a high esteem for Prof. HAMILTON—because the Author's name and position entitles anything emanating from him to the respect of the Profession at large, and more especially of those who, not enjoying the same opportunities, may blindly follow a practice based upon wrong premises, and one from which, we confidently believe, no good can possibly result. We think favourably of his treatment for un-united fracture.

Observations on some of the Remedial properties of Simaba Cedron, and on its employment in Intermittent Fever. By S. S. PURPLE, M. D., Editor of the New York Journal of Medicine, etc. 8vo. pp. 16.

We must congratulate—not because it is New Year's—our learned friend, the Chief of the New York Journal of Medicine, upon the discovery he has made that Simaba Cedron—a plant obtained from Panama—is destined to supersede Quinine as an anti-periodic. This will be welcome news for some of the craft who have stood by and seen patients work manfully shaking off the fit, if not with it the "mortal coil," and all because Quinine could not be reached at present and past market prices. Here now we have something considerably cheaper, and, judging from cases reported, equally efficacious; and if the experience of others corroborates that of Dr. PURPLE, he is indeed "a very fortunate man," for he "hits the mark"—several thousand francs, the premium offered by the French Academy of Medicine for the discovery of an agent as substitute for Quinine. We hope none of our Readers will go to work and forestall the Doctor, as he has no doubt been wise enough to file his *caveat*.

Publications received.

An Inquiry into the Pathological Importance of Ulceration of the Os Uteri; being the Croonian Lectures for the Year 1854. By CHARLES WEST, M. D., Fellow of the Royal College of Physicians, etc. Philadelphia: BLANCHARD & LEA. 1854. 8vo. pp. 88, cloth.

Catalogue and Circular of the Albany Medical College.

Eighteenth Annual Report of the Vermont Asylum for the Insane. From the Superintendent, Dr. ROCKWELL.

Insanity in Italy. By J. M. GALT, M. D., Superintendent of the Eastern Asylum of Virginia.

First Lessons in Chemistry and Geology, as applied to Agriculture. By Professor KENT, of the Penn Medical University of Philadelphia.

Report of the Select Committee of the Senate of the United States on the Sickness and mortality on board Emigrant Ships. From the Honble HAMILTON FISH.

Editorial Department.

TRUTH WITHOUT FEAR.

PLATTSBURGH, (NEW YORK;) JANUARY, 1865.

Practice for Sale. Those of our Readers who may be desirous of changing localities will find it to their interest to consult the Advertisement on the fourth page of the cover of this Number.

A Happy New Year!

TIME has just gathered among the things that were another year; its bright hopes and blighted expectations, its pleasures and its sorrows, its strifes and moments of peace, all alike have passed, and live but in memory's shrine. The veil has fallen; and with the year that dawns upon us, may blessings, happiness, and plenty be the lot of you and yours, dear PATRONS!

And the EDITOR what has he to say—what to hope? Heartfelt thanks for favours gone by—hopes for favours to come. We have now been five years before the Profession, and many are they who received us with a welcome hand at the onset of our editorial career, yet stand by us with the incitives of approbation, support, and influence. And while reflecting upon our past labours and efforts, if we have succeeded in instructing you—if we have smoothed some of the asperities of professional life; if, by a hint in the pages of the LANCET, we have been instrumental in relieving the sufferings of a Father—if we have soothed the anguish of a dying mother—if we have rescued from impending death the little one just budding into life, and gladdened the hearts of the household; if new lights have been cast over the sad and gloomy professional wayfare, and illumined with a ray of hope what was darkness and despair—then we are fortunate, and have accomplished what we aimed at. A HAPPY NEW YEAR!

Apology.--To Our Readers.

We trust to the indulgence of our Readers to pardon the delay in the publication of the December Number of the LANCET, and its appearance simultaneously with the one for January. We are living in a somewhat Siberian region, and at this season the means of communication are very uncertain and un-expeditious. Every thing about the publication—type, ink, and paper—has to be procured from distant markets. No one who has not passed through the grinding of a typographical or editorial mill can form any conception of the many and daily vexations he has to en-

counter, and generally there is no remedy save patience. We hope that the amount and variety of excellent and practical reading presented in these two Numbers will make some amends for the delay experienced in the receipt of the December Number.

By the way we may as well state again—though many do not appear to think so—that we do not send a single Number after the time paid for has expired, and, further, that we publish but few copies more than are actually required to meet the demands of our subscription list. This is no trick of the trade, we assure them. We regret to say that thirty-seven subscribers, whose names are this month acknowledged, must be disappointed in not receiving the October Number. They have waited long in renewing, and we have not one copy on hand. The fault is not ours.

A Fatal Surgical Operation.

We have been informed that a painful and fatal operation occurred a few days since in Albany. The patient was a young girl, eleven years of age, upon whose neck a tumour had been growing for some months.—After consultation, its removal was deemed advisable, and she entered the Albany Hospital to undergo the operation. From the difficulties attending its performance, it is presumed that a correct and full diagnosis had not been made; the carotid artery was cut across and both extremities ligatured, but the child expired on the operating table after having been under the knife some two hours. Ether had been administered.

We have received a long letter animadverting upon the proceedings in this case, but we decline its publication. However, the elucidation of the following points would be interesting: first, did the child die from loss of blood and nervous exhaustion consequent upon the prolonged operation; or, secondly, is the fatal issue to be attributed to the influence of the anaesthesia? We confess our belief in the last supposition, and if so it is as far as we know, the first case wherein death has followed the administration of Ether. The operation was performed by Professor March, in presence of the College Class and of several professional friends.

Nobel Surgery.—A Gander's Femur.

The following details of a capital piece of surgery are too good to be lost, and its results applicable to more than one case in another field of practice. An useful lesson may be learnt from it—never refuse a professional call, be that call even to relieve the sufferings of some poor brute creature, for a reward in some coin or other always awaits you. Well do we remember the story of the young Parisian surgeon who, with starvation in the face and without friends, one day received a summons to call at a house in the aristocratic and fashionable Chausée d'Antin, to which he eagerly responded; when, to his surprize and evident discomfiture, he found that he was wanted to set the fractured leg of a poodle, the pet of a

young, rich and handsome widow. Here indeed was a dilemma, so taking hold of one of the horns—the poodle, we mean—he went to work and reduced the fracture. He closely watched his hirsute patient, and was satisfied with having made a good job. Nor was this all; he received a handsome fee, and shortly afterwards he became the husband of the lady and the master of his patient. Never despise a broken-leg poodle, there may be——, we hope so. *Mais revenons à notre mouton*—the Gander of Ohio.

A certain Doctor S. (probably one of the SMITHS) settled in Bloomfield, thirty years since, and pursued the joint occupation of farming and doctoring. Some two years after his “shingle” had been lazily swinging on its rusty hinges, the Doctor was, one cold and stormy night, called a distance of eight miles to set a fractured leg; here was a chance, and our friend was not *slow* in catching at it. So packing up his splints and other traps, he arrived at the house and found his patient—an antiquated Gander, and the poor thing, sure enough, had a broken femur. The Doctor, with the best nature and greatest kindness, reduced the fracture, adjusted the splints, applied the bandages, and left his patient as “comfortable as could be expected.” Some months after, the owner of the Gander—who, by the way, was an enemy of the Doctor’s—was presented with a bill of \$10 for surgical attendance on a member of his family; as might be expected payment was refused. The Doctor sued him before a Justice, and was awarded the amount with costs. The Gander appealed—his owner, if you please, did so for him—and the judgement was affirmed with new costs. Here was a damper, but the Gander would not “give it up so;” so up he flies to the Supreme Court, where comfortably “roasted” he heard the re-affirmation of the judgements given in the lower courts, with increased costs, and an execution was taken out for \$160 damages and costs of suits. Now was the time to “scratch.” A levy was made on the farm, and the amount paid—leaving the world in doubt as to who was the biggest goose: the *gander*-goose or the *man*-goose?

Operation for Hydrocele.

A few days since, with the assistance of our friend, Dr. DEWEY, of this Village, we operated for Hydrocele in a manner, which so far as we are aware, is original with us, and promises to do away effectually with all danger from infiltration of the injected liquid into the scrotal cellular tissue. We are inclined to look upon the case as radically cured; and the moment our Contributors allow us room, we will report the mode of performing the operation, for we do really believe that there is room for improvement in this as well as in some other surgical procedures.

Lancet Monthly Record.

EXTRACTS FROM THE EDITOR'S *Index Rerum*

Practice of Medicine and Therapeutics.

ACNE.

CONSUMPTION.

DYSENTERY.

67. **ACNE.** When the red spots are very persistent and disfiguring, touch them with the solution of the acid nitrate of mercury, though this will not prevent others from coming out. The simple and indurated forms of the disease almost invariably yield quickly to treatment; the local measures are the same for both—any suppurating tubercles are opened or punctured by a minute drop of nitric acid; no soap to be used in washing the face; squeeze out any little black points which become visible, and apply every night to the tubercles a little of the ammonio-chloride of mercury, ten grains of the salt to one ounce of lard.—The constitutional treatment consists in rectifying the cachexia on which these forms of acne almost always depend; give chalybeates and aperients. In simple acne, sulphate of iron combined with sulphate of magnesia and an excess of acid is usually employed; iodide of iron is preferable in the indurated form. In either case the remedy must be continued for several months, and the patient may be promised a reward for his perseverance that not only will the eruption disappear, but that the general health will be much improved.—*Medical Times & Gazette*.
68. **b.** CAZENAVE recommends ammoniacal lotions, which form with the fatty matter of the follicles a soluble soap with an ammoniacal base; the same results will be obtained by using the hydrochlorate or acetate of ammonia.
69. **CONSUMPTION and SCROFULA,** oil inunction and inhalation in. Prof. SIMPSON, from good proof, maintains that children and young persons employed in wool-factories are usually exempt from scrofulous and tubercular affections. This exemption he believes is due to the continual inunction and inhalation of oil, large quantities of which are used in these factories.
70. **DYSENTERY,** treatment of. Give a hip-bath, then a cathartic of calcined magnesia and parched rhubarb, this will remove all irritating substances from the alimentary canal. Hip bath to be continued till all the severe symptoms have subsided. Keep the patients throughout the disease under the influence of large doses of quinine with opium—the quinine is given for its antiperiodic and sedative effect, it also acts upon the skin and quiets the nervous system. It has been given to children when the stomach has been nauseated for days at a time, and

DYSENTERY.

FEVER.

they soon became quiet. Acetate of lead is used until it produces dryness of the mouth and fauces, then substitute tannin and continue the lead in injections. These were composed of gum arabic water, acetate of lead and tannin, powdered opium and creasote, give them every few hours. Retain the injections by means of a compress applied over the anus and confined by the hand. Poultices of flax-seed or meal sprinkled lightly with mustard were applied warm to the abdomen.

—MARABLE, Nashville Medical Journal.

70. b. Give a tablespoonful of Rochelle salts every hour until the bowels are freely evacuated; then thirty drops of laudanum every hour, till the bowels are checked; let the patient rest 6 hours. If at the expiration of that time, the bloody evacuations return, repeat the medicines. If the contents of the alimentary canal are evacuated there is no need of giving the preparations the second or third time. In some cases—from spasms of the upper intestines—it is necessary to combine the salts and opium. In cases where slight symptoms of the disease remain for some days, give eight drops of oil of Turpentine every 8 hours, with an occasional dose of salts; rest is to be obtained by taking anodines.—LIPSCOMB, Nashville Med. Journal.
72. **FEVER**, Intermittent. Two grains of Phosphorous dissolved in three ounces of oil of Turpentine, makes an efficient preparation in intermittent fever, and is to be given in 15 drop doses, every three hours in barley water.—SCHRIETER, Presse Medicale Belge.
73. b. Quartan, of a year's duration. Patient prepared by several days of dieting, and a hot foot-bath ordered, a quarter of an hour before the expected return of the paroxysm. A vein was opened in the foot as soon as yawning, shivering and head ache came on. Chilliness soon diminished; and patient placed in a warm bed, and freely supplied with hot drinks. A gentle warmth came on, followed by moderate perspiration. The paroxysm lasted but a short time, and the ague did not return. Three other cases varying in duration from four to twelve months, were prepared and treated in the same manner, and with the same result.—BRUGUIER, Revue Therapeutique du Midi.
74. c. Nine to fifteen drops of creasote, three times a day in mucilage.—ZWEIKOFF.
75. d. Five to eight drops of diluted nitric acid in water, to be taken once in six hours, without regard to the paroxysms, will be found a good substitute for quinine.—BAILEY, Western Lancet.
76. e. Common salt in. *R.* Chloridi Sodii, ℥iij; Pulv. Ulmi, ℥iij;

FEVER.

HEMORRHAGE.

ERYSIPELAS.

Aq. bullientis, ℥viiij. Infuse two hours and strain. This forms a saturated solution, a tablespoonful of which is to be taken every two, three, or four hours, so that five doses may be taken during the apyrexia. No evacuants preceded the administration of the salt. When it is necessary to precede the use of this mixture as antiperiodic, by emetics or cathartics, nothing perhaps is better in ordinary cases than the same remedy given in emetic doses, generally produces moderate catharsis. Of 22 cases in which this treatment was adopted the paroxysms were immediately suspended in 12; in three the paroxysms were postponed; four objected taking a second dose; one did not take all that had been prescribed, and in only one case, after a fair trial, no obvious good effect was derived from the saline preparation.—HUTCHISON, New York Jour. of Medicine.

77. f. Take a tablespoonful of freshly burnt coffee with the juice of a lemon before the probable recurrence of the cold stage; then use the ordinary means to induce free perspiration. Generally the warm stage is absent, and the febrile paroxysms do not continue for more than half an hour. This simple treatment has been employed in cases that had withstood the action of Quinine.—BUCHNER's Neues Repertorium.

78. g. Continued. First give ℥j of Tincture of Ipecacuanha as an emetic; then adopt the stimulant plan—small quantities of brandy with water, beef tea, etc. If there is much abdominal pain with tympanitis use as an injection: R. Sprs. Terebinth. g't. xxx; Tinct. Catechu, ℥ij; Tinct. Opii, gtt. xv; Decoction of Starch, ℥ij.—BRINTON, London Lancet.

79. HEMORRHAGE, new astringent in local. Pure glycerine will dissolve nearly its own weight of tannin, and forms a very powerful local astringent application, the strength of which may be graduated as it readily mixes with water. This solution is applicable to many affections of the mucous membrane, as it combines with the mucous and forms a non-evaporizable coating over the membrane. It is a very convenient application to the vaginal, uterine, rectal or urethral membrane where a non irritant and strong lotion is required.—BAYER, As. Med. Jour.

Practice of Surgery.

80. ERYSIPELAS. Camphor administered internally is considered as a specific in this disease. Give from one half to two grains every two hours, bathe the parts occasionally with luke-warm water, and then cover them with linen. This treatment is applicable whether the erysipelas arises from an epidemic or traumatic cause.—SPOERRER.

81. b R. Cyanuret of Potassium from half a drachm to two drachms in half a pint of water, is a most useful, if not the very best local application in this disease.—Boston Med. Journal.

FISTULA IN ANO.

FLAPS.

GLEET.

GOITRE.

82. **FISTULA IN ANO**, diagnosis of. When the intestinal orifice cannot be discovered by the ordinary modes of investigations, introduce the finger into the rectum, and inject a small quantity of the compound tincture of iodine through the external opening of the fistula. A stain will thus be produced on the finger, by which the existence of an internal orifice is proved, and also a very correct idea is afforded of its situation and distance from the anus.—**LIMANGE**, Archives Belge de Medecine Militaire.
83. **FLAPS**, how to make. If the circumference of the limb be twelve inches, the anterior flap should be three inches, and the posterior six inches long, the knife having transixed the soft parts so as to make the anterior or shorter flap seven inches at its base, and the posterior or longer flap five inches. By this method the measured cut surface of the anterior is exactly the same as the posterior flap; they consequently lie together without strain or puckering, and the divided surface of the bone or bones is not in contact with the cicatrizing soft parts.—**WAKELY**, London Lancet.
84. **GLEET**, treatment of. As this affection depends upon debility of the prostate gland, bladder or urethra, singly or collectively, tonics combined with remedies supposed to act specially upon these parts are administered in the following proportions: **R.** Recently powdered Ergot, ʒj; Subcarbonate of Iron, ʒj; and ʒj; powdered vanilla, grs. iv. M., and divide in 80 powders, one to be taken before breakfast, and one on going to bed. Use a decoction of Peruvian Bark and good diet. A cure will take place in from 10 to 20 days.—**LASOUSKI**, Bul. Gen. de Therapeutique.
85. **b.** **R.** Bals. Tolu, ʒiij; Liq. Subacetas Plumbi, ʒiij; Linseed oil, ʒiv. Reduce the Balsam to a fine powder, add three drachms each of the lead water and oil; then make an emulsion of the whole by adding gradually the remainder of the oil. Use as an injection; the quantity of oil and balsam being diminished, the same injection may serve in gonorrhœa.—**BOURGOIS**, Revue medicale.
86. **GOITRE**. In a case of Goitre of two years standing, and where the iodide of potassium had been administered without benefit, the tumour from a very large size became in three weeks reduced to the size of a plum, by being painted night and morning with a mixture of tincture of iodine and sulphuric ether. It is presumed that the ether in dissolving the fatty matter permits the iodine to penetrate deeper in the tissues.—**BETZ**, L'Abeille Medicale.

CALOMEL.

CHOLERA INFANTUM.

DYSMENORRHOEA.

Diseases of Women and Children.

87. **CALOMEL**, mode of preparing, for administration to children. **R.** Mannita, gr. vj; Calomel, gr. j; Sugar, 3 j. Mix, and make in 5 lozenges. In administering calomel to children, the greater portion of the medicine is frequently left on the lips or overturned. These lozenges will obviate this inconvenience, and the exact quantity of the remedy can be ascertained.—**BIRON-DEVEZE**, Bul. de l'Academie de Medicine.
88. **CHOLERA INFANTUM**, Sub-nitrate of Bismuth in. Apply fomentations or cataplasms to the abdomen and warmth to the extremities, then give half a tablespoonful every hour of the following: **R.** Sub-nitrate of Bismuth and Gum Dragon, 1 part each; Lettuce water, 120 parts; Simple Syrup, 80 parts. This will act with decided promptness; the vomiting is checked; the white stools are changed to dark bilious ones; the excitement is reduced, and the dangerous symptoms allayed.
89. **DYSMENORRHOEA**, dry-cupping in. Case of five months duration; remedies administered without benefit. Cups were applied every alternate night over the origin of the nerves distributed to the uterus, and the result was, at the subsequent period, only a slight headache for a few hours was felt, and at the second period there was no inconvenience whatever.—**WASHINGTON**, Nashville Med. Jour.
90. **b.** **SIMPSON**, of Edinburgh, applies cups directly to the uterus in cases of amenorrhœa, when other means have failed.
91. **c.** Patient aged 28, suffering excruciating pain at the return of each menstrual period. A sinapism laid over the abdomen had no effect in rousing her, nor was consciousness restored, until a handkerchief, moistened with chloroform vapour, was applied to the vulva, which immediately caused her to exclaim, owing to the heat imparted by it. In about five minutes she had no pain whatever; and the secretion soon followed without any more disturbance.—**HARDY**, Dublin Medical Press.
92. **d.** In the treatment of nervous dysmenorrhœa make frictions, with the tincture of belladonna upon the hypogastric region; enemas of tepid water to which has been added a few drops of the tinctures of opium and belladonna; if the patient is chlorotic resort to the ordinary iron preparations. If there is plethora, bleedings, alkaline preparations, mineral waters, and in some cases an alterant plan may be required. If the disease is due to rigidity of the neck or body of the uterus, and the patient is a young girl, order injections of stramonium and belladonna, with 5 to 15 centigrammes of extract of belladonna in pills. In a married woman apply the belladonna directly to the neck of the uterus; finally if the menstrual discharge is very painful and slow in its exit, give from one to two grammes of secale cornutum daily.—**TROUSSEAU**.

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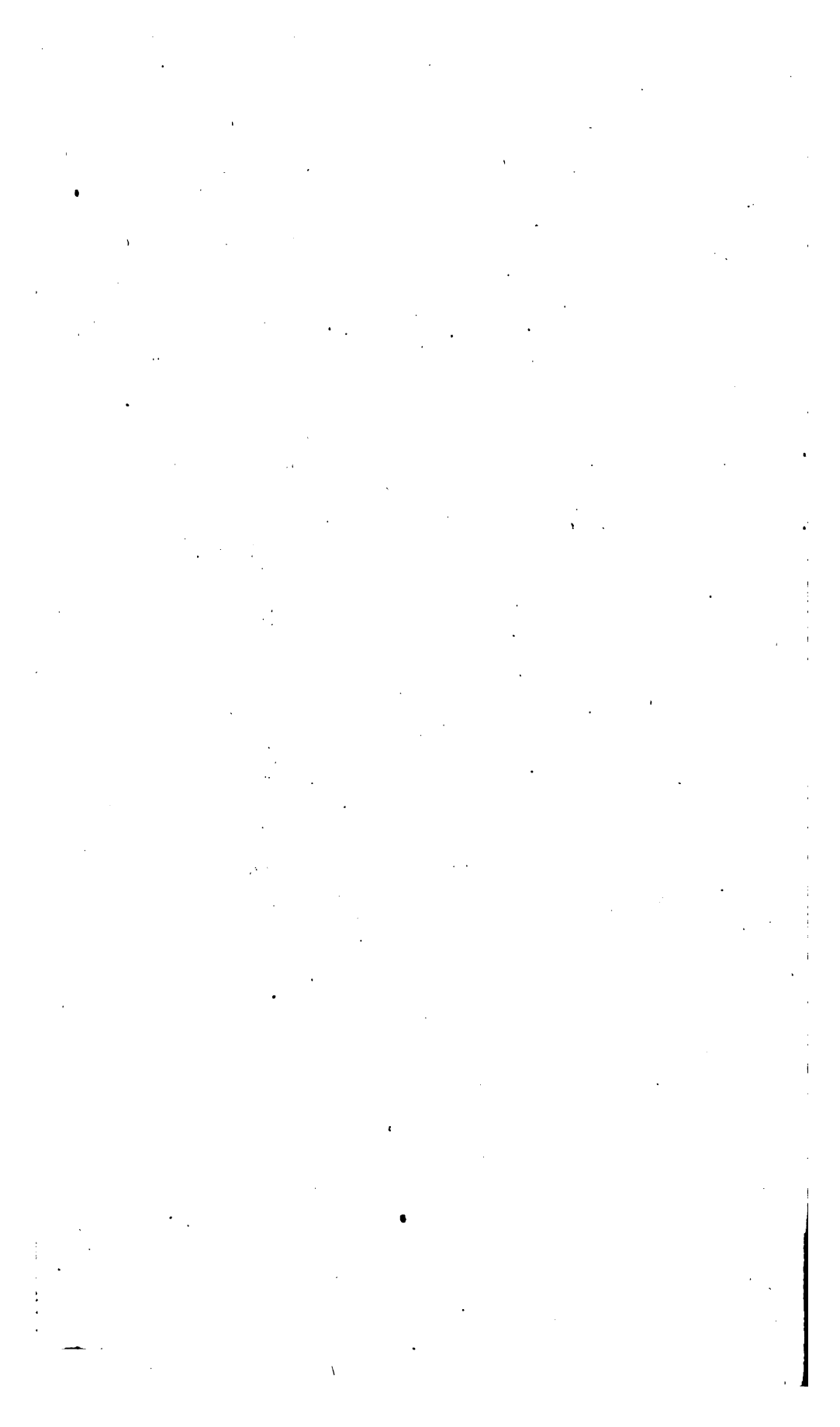
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Clinical Department.

Clinical Lectures on Diseases of Women and Children,

DELIVERED IN THE UNIVERSITY OF NEW YORK BY

Professor Gunning S. Bedford.

REPORTED FOR NELSON'S AMERICAN LANCET,

By T. A. GREGORY, M. D.

LECTURE XLV.

Attentions to the new-born infant; tying and cutting the cord; washing, dressing; pins not to be employed; examine the infant to see if there be any deformities; infant not to be exposed to the light; dosing and drugging, their fatal results; the mother's milk the most suitable medicine and food for the new-born child; colostrum, its properties; cleanliness necessary to the health of the infant; dangers to the mother who does not nurse her child; Kiestine, why found in the urine of pregnant women; albuminuria and puerperal convulsions, is there the relation of cause and effect? Rachitis, how produced in the young infant?—Neuralgia of the cervix uteri in a married woman, aged 28 years, no children.—Retro-uterine Hæmatocoele in a married woman, aged 34 years, the mother of four children, the youngest 14 months old; exploring needle.

Attentions to the new-born infant; tying and cutting the cord; washing, dressing; pins not to be employed; examine the infant to see if there be any deformities; Infant not to be exposed to the light; dosing and drugging, their fatal results; the mother's milk the most suitable medicine and food for the new-born child; colostrum, its properties; cleanliness necessary to the health of the infant; dangers to the mother who does not nurse her child; Kiestine, why found in the urine of pregnant women; albuminuria and puerperal convulsions, is there the relation of cause and effect? Rachitis, how produced in the young infant?

GENTLEMEN:

Among the various duties, which will devolve on you in the Lying-in room, there can be none of more interest or moment than those claimed by the new-born infant. The little infant, as soon as it leaves its mother's womb, is indeed a dependent being—it has no power of self-provision—no means of telling its wants, no ability to protect itself against the rudeness of the heartless, or the officiousness of the ignorant! Much of the suffering of the future child originates, I am sure, oftentimes in its mismanagement soon after birth; and I am equally confident, that the majority of the deaths within the first month of existence are not only not

deaths of necessity, but deaths, which, on a close analysis, will be found traceable to the neglect of those simple rules, the faithful observance of which are so necessary for the comfort and well-being of the little stranger. I think, therefore, in calling your attention especially to these rules, I may, perhaps, perform both an acceptable and profitable service. After the infant has been separated from its parent by the application of the ligature, and the cutting of the umbilical cord, it should be received by the nurse in a warm flannel, and placed securely on the bed, where it should be suffered to remain until after the placenta has been expelled, and the mother comfortably bandaged, for the reason that the services of the nurse to the mother will be more or less necessary until these matters have been accomplished. Let me here caution you against a thoughtless practice too often adopted by the nurse, viz:—that of placing the little infant in an arm-chair, instead of allowing it to remain on the bed. The comfortable arm-chair in the sick room is generally the favorite seat, and it has occurred more than once that some good old Lady, of no equivocal weight; not dreaming that it is already occupied by an unoffending incumbent, selects this very arm-chair for the repose of her person; and if the infant be not crushed by the super-incumbent pressure, it certainly will not be because carelessness had not thus early exposed it to the hazards of destruction. But we will suppose it has survived the shock, and shall now proceed to enumerate briefly the various cares the infant requires:

1st. *Washing.* The body of the infant, especially in certain parts of it, is usually covered more or less with an unctuous or sebaceous material—in order to remove this, I invariably direct the nurse, before using water, to pour some fresh sweet oil in her hand, and gently rub it well over the surface; or what answers an equally good purpose, let her use the yolk of an egg. Either of these will be very effectual in removing this material. The nurse should then take a soft sponge or flannel, and with soap and tepid water cleanse the child's body thoroughly—but be careful that she does not allow the soap to come in contact with the eyes of the infant; as this is a fruitful source of that annoying and often dangerous affection—*purulent ophthalmia*. When the child has been properly washed, it should then be carefully dried, with a warm and soft linen; the next object of attention is the dressing of the cord, which is done as follows: Take a piece of linen, double it, and cut a hole in the centre, through which the cord is to be drawn—the cord is then enveloped in the linen; and turned *upwards and to the left* on the abdomen; a circular bandage is applied, which will retain the dressing in place, and also give comfortable support to the infant. But remember, that the bandage is not to be drawn tight. Nurses are in the habit of using pins for the purpose of attaching the infants dress—these oftentimes become loose, and prick the child, and may give rise to serious consequences. I much prefer the needle and thread. After the circular bandage is applied, the practitioner should then examine whether there is any deformity such as occlusion of the anus, or urethra; whether there is any malformation

of the mouth, which will prevent the child's taking the breast, etc. This is the proper time to ascertain the existence of these deformities, in order that prompt measures may be adopted to remedy them, and not delay until the infant's life is placed in peril, and too often without the cause of the danger being at all suspected. Having ascertained all that is necessary as to the existence or absence of these deformities, the child is then to be dressed which, under ordinary circumstances, will be done by the nurse without much supervision, except that it is well to caution her against binding the little infant too firmly. This latter practice is a pernicious one, and is by far too common. Well, the dressing is accomplished, and what next? If the nurse should have her own way, she would probably, as soon as the toilette is completed, take the infant to the window, if in the day time, or if at night hold it before a strong light to show its papa or some other happy relative the beautiful and striking features of the "dear babe," not thinking that this very act is of all others best calculated to injure, if not destroy one of the most important features—the eye. The sudden glare of light on the tender conjunctiva of the eye is a very common cause of the *purulent ophthalmia*, to which we have already alluded. But whether the infant escape this exposure to the light or not, it will in ninety-nine instances out of a hundred, be doomed to all the discomforts and dangers of another abominable practice which, including both nourishment and medicine, may be embraced under the term *dosine*. This brings us to the consideration of a most important point in connection with the wants of the new-born infant; and so essential is it that I am clearly of opinion that of all the causes of deranged health, and early death in infancy, *dosine* is the most fruitful! As soon as the child is dressed, there is unfortunately a routine practice to which it is subjected.

1st. It must take a little oil to purge it; and secondly, the poor "dear" is hungry, and must be fed—and hence almost simultaneously with its birth, it becomes the victim either of ignorance or a false philanthropy. I have elsewhere stated to you that the infant, almost as a universal rule, requires no medicine, nor does it need any other nourishment than that elaborated in the breasts of its parent. The mother's milk has been prepared with an exclusive reference to the wants of the child—at first, it contains what is termed the *colostrum*, an element possessing purgative qualities, and which readily and efficiently removes from the intestinal canal the *meconium*, a black viscid material found in greater or less quantity in the intestines of the new-born infant. In addition to the *colostrum*, the composition of the mother's milk is in perfect accordance with the necessities of the infant, and of all substances the best adapted to its assimilative powers. The rule, then, which I desire most earnestly to inculcate upon you is this—do not defraud the infant of its natural rights—before birth, no one will deny that nature was competent to supply all its wants as is proved by its perfect physical development. Why should officiousness, as soon as the child is thrown into the world, interfere with those processes which experience shows are, as a general principle, not only

necessary but all sufficient for the healthy growth of the child! Instead, therefore, of drugging and feeding the infant as soon as it comes into the world, let it be put to the mother's breast after she has recovered somewhat from the fatigues of her labor, say in two or three hours. I have already spoken to you of the necessity and advantage of this practice, both as regards the mother and child, and need not refer to them again. One of the great elements of health in the new-born infant is cleanliness; and the nurse should be instructed to have it well washed every day with tepid water; in the event of acrid evacuations from the bowels it sometimes happens that the child becomes chafed, and if this be not promptly attended to the surface will become excoriated, giving rise to an unpleasant condition of things, and causing the infant to be fretful. In these cases, the decoction of flax-seed should be freely used in order to bathe the parts every time the child has an evacuation—if this be faithfully done, it will be found generally speaking an efficient remedy. I am in the habit of having the infant's mouth washed several times during the day with cold water—it is not only grateful to the child, but it cleanses the mouth, and oftentimes protects it against the various forms of *stomatitis*, to which your attention has already been directed.

The mother's milk, as we have already remarked, is the most suitable nourishment for the infant; and when there is nothing to forbid her nursing it, such as ill health, the absence of the milk secretion, etc., she should not only regard the nursing of her child as an imperative duty, and, therefore, derive pleasure from the act, but she should also remember that, without sufficient justification, in depriving that child of the food, which nature has not only prepared for it, but which she has declared more or less essential to its healthy development, the mother is alone responsible for whatever results may ensue from an obstinate and cruel refusal to discharge an obligation, which all right minded women look upon as sacred. It must, however, be conceded that you will occasionally meet with mothers, whose minds filled with the nonsense of the day, and their hearts steeled against the eloquent appeals of nature, will peremptorily refuse the boon to their child. When you encounter such, it will be your duty, Gentlemen, to admonish them not only of the wrong they inflict upon the infant, but also to the hazard to which they expose their own health. Thus, upon the principle that selfishness is the great impulse of human action, you may accomplish by operating upon their fears what you failed in doing, when you addressed yourselves simply to their hearts. I have often spoken to you of the sympathy existing between the mammary glands and the uterus, and I will on this occasion mention one circumstance in this connection to show you the peril to which women expose themselves, who do not nurse their children. These latter are extremely liable to congestion of the uterus, for the reason that lactation, under its full operation, is one of the most effectual modes of preventing this congestion by its derivative influence upon the breast. I need not tell you, for we have often spoken of it, that congestion of the uterus is a most insidious condition; it rarely fails, especially when not

attacked in its very inception, to lead to serious disturbing influences—and it sometimes is the commencement of a disease the most loathesome, and unhappily the most rebellious entailed upon women—cancer.

There are, however, other perils to which the female, who refuses to nurse her child, is exposed. You will observe that almost as a universal rule, the urine of pregnant women will differ from urine under other circumstances in one remarkable particular, viz: It contains an element called *Kiestine*, which in its essential characters resembles *caseine*. Why should this element, *Kiestine* be found in the urine of the pregnant and parturient female, and recognized under no other circumstances in this secretion? It is absurd to suppose that it is there as a mere coincidence—and we, therefore, are justified in asking some explanation for its presence. Is the presence of the *Kiestine* in the urine any thing less than a demonstration that the system is engaged in the preparation of food necessary for the infant as soon as it is born—and is the passage of the substance from the system through the kidneys any less of a demonstration, that its accumulation in the blood would be productive of injurious consequences? The kidneys, we know are among the most important excretories of the economy—whilst the liver extricates bile, the lungs carbonic acid, the skin the poison of perspiration, etc., the kidneys perform their office in furnishing an outlet for deleterious substances, such as urea, and I believe, *Kiestine*, etc. Let us now, for a moment, consider another fact in this connection. When the child takes the breast, and the secretion and excretion of milk through the mammary organs are in complete operation, there is no longer any *Kiestine* to be detected in the urine. This I think, is strong evidence that the sojourn of *Kiestine* in the blood without any outlet is not in accordance with the ordinances of nature, and, therefore, until free lactation commences, a temporary exit is furnished, for this material by the kidneys. Again, women who do not nurse their children, are often affected by serious nervous disturbances—some have delirium, others I have known to be convulsed, and again puerperal mania will ensue. Why is this? I think these morbid phenomena may be explained in this way—the *Kiestine*, through its accumulation, acts as an irritant upon the nervous centres, just as bile in the blood will produce coma, or urea, uræmic intoxication. You hear much of the third day fever, or as it is termed the milk fever among women recently delivered—Is this commotion in the system not readily explained by the fact that, after delivery, before the breasts are in full duty, the nervous system becomes the seat of irritation from the increase of *Kiestine*? It would seem so for the reason that as soon as the milk begins to flow freely, tranquility again prevails throughout the economy. It will yet be found, I am confident, that during pregnancy *Kiestine* is not the only element in the urine proper to milk. It has already been ascertained in the case of a female, who did not nurse her child, that the urine contained *Butyric acid*. If, then, the kidneys act as a temporary outlet for the various elements composing the milk, only until after the birth of the child, when, according to nature's requirements, this outlet is no longer necessary, be-

cause of the escape of these materials through the breasts, can we regard the inaction of the mammae in any other light than as a circumstance necessarily calculated to produce morbid phenomena? Again, much has been said recently touching the connection between albuminuria and puerperal convulsions; and some writers have attempted to show that eclampsia is exclusively the result of the presence of albumen in the urinary secretion. How stand the facts,—for after all, Gentlemen, the stability of human opinion, whether upon science, commerce, or any other subject, will depend upon facts. It has been demonstrated that albuminuria is of frequent occurrence in pregnant women; it has also been demonstrated that puerperal convulsions are comparatively of rare occurrence.

Among 41 pregnant females observed by BLot in the Maternité at Paris in all of whom albuminous urine was detected, only seven were attacked with convulsions. This certainly does not look like cause and effect. Again, may not this alledged frequent presence of albumen proper in the urine be simply the result of that process to which the presence of Kiestine is due, or may not its supposed frequency be the result of inaccurate tests. It would seem so, for the reason that caseine, which so closely resembles kiestine, is in all its essential properties albumen. If there be any truth in this assumption, an interesting question arises—may not puerperal convulsions be due, not to albuminuria, but to an excessive accumulation of kiestine in the blood? And in connection with this interrogatory, it strikes me as of great importance to ascertain first the relative frequency of eclampsia *after* delivery in women who do and do not nurse their children—and secondly, the relative proportion of *Kiestine* in the urine of those who escape, and of those, who are attacked with convulsions.

In a physiological sense, the nursing of the infant by its parent is an act full of interest, and if any one circumstance more than another, in the general provisions of the human mechanism, reveals both the wisdom and benevolence of Divine power, it seems to me that circumstance is found in the peculiar elements composing the mother's milk as connected with the necessities of the child. Let us, for a moment examine this subject. It is ascertained, through the investigations of the chemist, that the milk of the mother contains every element necessary for the nourishment and growth of the infant; and this milk is composed of water and solid substances. The latter consist of caseum, butter, saccharine matter, and certain incombustible salts. Each one of these substances has its own office assigned it, or, in other words, answers a special purpose in the important act of nutrition. Food, you are aware, is intended when taken into the system, to accomplish two purposes—1st. The development of the various tissues of the body; 2d. The production of animal heat, which is effected through the respiratory process, and this dependent upon a proper supply of what is called respiratory food. The first of these objects, the development of the tissues, is attained through the caseum—whilst the second, the maintenance of animal heat, is achieved

through the butter and saccharine matter, which is the true respiratory food. But something more is needed than the mere increase of tissue and the production of animal heat in the young infant. In addition to these, it requires consolidation--the bony system, which constitutes the basis of the mechanism, must be strengthened and made adequate to the duties imposed upon it. This process of consolidation is accomplished by another element in the mother's milk--the phosphate of lime. How simple and yet how perfect this provision of nature for the wants of the young child! In the first place, she points to milk as the best adapted, because of its blandness, to the feeble assimilative powers of the infant, and yet in that bland fluid are contained the various elements for perfect nutrition. GUZ-
ZIN has shown that *rachitis* is frequently produced in young infants in two ways--1st. By not being nursed, and fed upon improper food; and, secondly, by being nursed for too long a period, and confined exclusively to breast milk. He has succeeded in producing rachitis in young animals, either by interrupting their regular course of nursing, or by confining them too long to the exclusive use of the mother's milk; the explanation of the fact is as follows, and, as you will perceive, most satisfactory: Milk contains a certain proportion of the phosphate of lime, especially intended for the formation of bone in the young infant, whilst on the contrary, the food given to the child immediately after birth as a substitute for the mother's milk contains comparatively but a small quantity of the salt. In these latter cases, the infant is not provided in sufficient abundance with the material necessary for the consolidation of its osseous system, and hence, the development of *rachitis*. At a later period, the child requires more of the phosphate of lime than is contained in the milk, and if another diet be not substituted the same consequences ensue. I shall on another occasion speak to you particularly of the proportions of the various elements entering into the constitution of human milk, and contrast them with those found in the milk of the cow, ass, goat, etc.

Neuralgia of the Cervix Uteri in a married woman, aged 23 years, no Children. Mrs. S., married, aged 23 years, complains of intense pain in the womb, from which she says she has suffered more or less for the last four months. What was the state of your health, my good woman, previous to the last four months? It was good, Sir. Were your "turns" regular? Always, Sir. How have they been since you have complained of this pain? They have been regular, Sir--but I have suffered at the time more than I ever did in my life. Are you troubled with a discharge? Yes Sir--there is something that passes from me like water. How long have you had this discharge of water? Only, Sir, since I have had the pain in my womb. Is the pain constant? No, Sir--it comes and goes. This case, Gentlemen, is one which, perhaps, would cause you some embarrassment in your diagnosis; but with due attention, you will be enabled to ascertain the nature of the trouble with which this woman is affected. It can only, however, be done by a va-

ginal examination. I have satisfied myself by this kind of examination that the case before us is what is termed *Neuralgia of the neck of the womb*, an affection which you will occasionally meet with, and which oftentimes is mistaken for some other disorder—and there is no disease with which it is more likely to be confounded than chronic congestion of the uterus. Uterine neuralgia is sometimes symptomatic of disease of the uterus, such as engorgement, ulceration, etc.; sometimes also of displacement. Again, it will occasionally present itself as a primary disease entirely unconnected with any lesion of structure. This is the case in the instance before us. On an examination, per vaginam, I have recognized no change whatever in the position or structure of the uterus—the organ is in all respects natural except in one particular—in pressing with my finger on the *os uteri* the patient complains of extreme suffering. This is one of the material diagnostic symptoms of this affection, and taken in connection with two other circumstances, the intermittent character of the pain and the discharge of water, there can be no doubt as to the nature of the malady. In enumerating the causes of watery discharge per vaginam, I have told you that simple irritation of the mucous membrane will sometimes produce it—and you have an example of this influence in the case of the woman now before us. As to the intermittent character of the pain, you know very well that this is one of the usual, though not constant, accompaniments of neuralgic affections. Neuralgia of the uterus is not only a most distressing malady, but it is also frequently protracted and rebellious to remedies, simply because it is confounded with other affections. It is not always confined to the neck of the organ—on the contrary, it will sometimes be seated in the annexæ of the uterus, and at other times in the fundus and body. As a very general rule, patients laboring under this affection will suffer more or less from painful menstruation. VALLIEX considers uterine neuralgia as a form of the lumbo-abdominal neuralgia to which your attention has been directed on a former occasion; and according to his experience, there will be pain in the hypogastrium, and more or less uneasiness along the course of the first pair of lumbar nerves. In all cases of uterine neuralgia, which have fallen under my observation, I have invariably examined the lumbar region, and as a general rule, have detected sensibility on pressure.

Causes. This affection will be produced by engorgement, ulceration, and displacements of the uterus; and in such cases the neuralgia is of course symptomatic. When, however, it presents itself as an idiopathic or primary affection, the causes are oftentimes obscure. However, cold, a suppressed menstrual or leucorrhœal discharge, mental emotions, etc., may be noted among the causes capable of giving rise to it.

Symptoms. Pain is the prominent characteristic symptom of this affection—the pain is experienced in the loins, through the pelvis, in the lower portion of the abdomen, and uterus; and sometimes extending to the thighs. It is usually intermittent, and again it is continuous, and

marked by exacerbations, during which it will occasionally become so intense as to produce various disturbances of the nervous system, such as hysteria, convulsions, and even mania. I once saw a case of uterine neuralgia in which during the maximum of suffering, the pain seemed to locate itself with a concentrated force in the urethra, occasioning a desire to pass water, but resulting in an inability to do so in consequence of the strong contractions of the sphincter of the bladder; and it is an interesting fact for you to remember that the introduction of the catheter was not only followed by a free evacuation of urine, but a complete cessation of suffering. Sexual intercourse, or the slightest touch in an examination per vaginam will aggravate the pain in uterine neuralgia—and one of the first indications of this affection will frequently be distress during intercourse.

Diagnosis. If a patient complain of pain in the uterus, and the pain be the result of idiopathic neuralgia, there will be no change in the structure of the organ, but there will be very acute sensibility on pressure. Therefore, in these cases you can affirm with positive certainty that the pain is altogether neuralgic. Again, these pains are not unfrequently the consequences of disease of the uterus, such as engorgement, ulceration, etc. In these latter instances, the recognition of the particular affection of the uterus will of course enable you to establish in your own minds, whether the neuralgia is primary or secondary, an important distinction so far as the treatment is involved.

Treatment It can scarcely be necessary to remark that the treatment of secondary uterine neuralgia consists in the removal of the disease which produces it, whether it be ulceration, engorgement, displacement, etc. Not so however, with idiopathic, or primary neuralgia. In these cases you can have recourse to various remedies, and generally with complete success. Two or three cauterizations of the neck of the womb, with the nitrate of silver, or, as JOSEPH prefers, the red-hot iron, will, in the majority of cases, suffice to effect a cure. An issue or repeated blisters on the sides of the lumbar vertebrae, or in the hypogastric region are also valuable remedies. When the pain is marked by distinct intervals, I have known it to yield most promptly to Quinine, as recurrent neuralgia oftentimes yields to this agent when seated in other portions of the system. MALCAGNE speaks of repeated success from the introduction of a small sound into the uterine cavity, on the principle that it modifies the nervous sensibility of the mucous membrane. For the purpose of giving temporary relief during the paroxysm of pain, Belladonna ointment, laudanum injections, etc., may be resorted to.

Retro-uterine Hæmatocèle in a married woman, aged 34 years, the mother of four children the youngest 14 months old; exploring needle. Mrs. L., married, aged 34 years, the mother of four children, suffers from very severe pain in her back passage, and says she has a frequent desire to have an evacuation from her bowels, but passes very little. How long, Madam, have you suffered from this pressure on your

back passage? For the last two months, Sir. How was your health previous to that time? It was always good, Sir. Did any thing occur two months ago to which you can in any way refer this pressure of which you speak? Nothing, Sir, except a fall I had. How did you fall, my good woman? I was coming down stairs, Sir, with a tub of water, my foot slipped, and I fell down a whole flight of steps. Were you much injured at the time? No Sir, but I was terribly jolted. How soon after the fall did you begin to feel this pressure? The next day, Sir. Were your bowels regular previous to the fall? Yes Sir. This case, Gentlemen, is one about which it is impossible even to approximate an opinion without a minute vaginal examination. Pressure on the rectum may be the result of various conditions—such as retro-version of the uterus, prolapsion of the ovary or small intestine into the triangular fossa, a collection of hardened feces, internal hemorrhoidal, and other tumours. [The patient was placed on the bed, and the Professor proceeded to institute the necessary examination.] From the examination I have just made, it is obvious that the pressure on the rectum, and difficulty in defecation are owing to a tumor in the fossa between the intestine and uterus. The next question to be decided is as to the particular nature of this tumor. That it is not the retro-verted uterus I am assured from the fact that the cervix of the organ is rather inclined backwards whilst the fundus is thrown somewhat forwards by the pressure of the tumor; and I am equally confident it is not a prolapsed ovary from the two following circumstances—1st. There is no indication of any disease of either of the ovaries; and secondly, if the tumor were occasioned by the descent of a healthy ovary, which sometimes happens, it would be characterized by great mobility, which is not the fact in the case before us. The pressure is not occasioned by a collection of fecal matter, as I have ascertained by the introduction of the finger into the rectum. What, then, is this tumor? In my judgement we have in the person of this patient an example of a most interesting form of tumor—I believe it to be a collection of blood, or what may be termed an *Hæmatocele*; and from the position it occupies, is entitled to the name of *retro-uterine Hæmatocele*. The reasons for my opinion are these—1st. The fall would be likely to produce an extravasation of blood; 2d. To the touch the tumor is soft, elastic, immovable, and evidently contains fluid. If I am correct in this opinion, a most interesting question arises—what is to be done? NELSON, in cases like these, recommends the use of the exploring needle in preference to incision, for the reason that there is more or less danger from hemorrhage if incision be had recourse to; and, moreover, he finds that the tumor often becomes absorbed; whilst in other instances, the blood escapes through the rectum, or the genito-urinary organs. Now, my good woman, if you will permit me, I will ascertain the true cause of your suffering, and will do all in my power to relieve you. You may do any thing you think best, Sir. That's a sensible woman, as full of courage as you are of common sense. [The Professor here introduced

the index finger of the left hand into the vagina, and passed along the finger a small exploring needle with which he penetrated the tumor between the rectum and uterus, directing the needle upwards. It was evident that the diagnosis was a correct one, for as the tumor was penetrated, blood escaped.] You see, Gentlemen, in the blood which passed from the sac as soon as it was entered the best evidence of the accuracy of the opinion we had formed touching the nature of the tumor. I do not feel disposed under the circumstances, to do more than introduce occasionally the needle, for the purpose of allowing a small quantity of the blood to escape, for I have very little doubt that this, together with the action of the absorbents—will suffice to disperse the extravasated fluid. It will be proper, however, to keep the bowels in a soluble state, and in order to accomplish this, I shall direct a pint of tepid water to be thrown up the rectum every night.

[The following cases, in addition to the above, were introduced at this Clinique : Dysmenorrhœa ; carcinoma of the uterus ; spina bifida ; mammary abscess ; amenorrhœa ; ovarian dropsy in a girl, aged 18 years ; retention of the menses ; abscess of the vulva.]



Original Department.

Art. XXXV.--Dropsy; its Causes, and a few Hints ON ITS TREATMENT.

DR. NELSON.

Dear Doctor:—Herewith I send you a “cake” which I have “hurried up;” and if you think after inspecting its ingredients, it will be palatable to the taste of the numerous Readers of your most valuable LANCET, you are at liberty to “bake” it and place it on their Table.

Very truly yours,

IRA A. DARLING, M. D.

Logan Court House, Virginia, January, 1855.

Dropsy is not of itself a disease, but it is a symptom of disease; or, in other words, it is the result of morbid action. Nevertheless we are not unfrequently under the necessity of treating it as a disease. It is an effusion of the watery portions of the blood into one or more of the serous cavities, or into the areolar tissue. This effusion contains certain of the animalized matters and salts, varying in the relative proportions of its component parts in different cases. In Ovarian dropsy, for example, it at times becomes so thick and pusty as not to flow through a canula.

Dropsy receives various names according to its locality; thus we have Hydrocephalus, Hydrothorax, Hydropericarditis, Hydrocele, Ascites, Ovarian dropsy, etc.

The known and explained causes of Dropsy may be, with propriety, divided into three principal classes: 1st. A change in the quality of the blood to a watery condition; 2nd. Obstructions to the circulation, especially the venous; 3rd. An action closely allied to inflammation. Each of these causes I propose briefly to consider.

A watery state of the blood is not produced by disease and accident only, but also by the free use of the lancet. When blood is taken freely, the patient is liable to become thirsty in consequence of the water in the stomach being absorbed and carried into the circulation to preserve a proper relation between the blood-vessels and their contents, or, in other words, to supply the place, so far as quantity is concerned, of the lost blood.—Now, if the bleeding is repeated often, and the patient's stomach be supplied with water, the blood will become so thin and fluid, that by the mere force of gravitation it will escape through the coats of the vessels, and seek the most depending parts. We often see this condition of things in patients during convalescence from protracted, severe and prostrating disease, before the blood has regained its normal proportions, particularly its red corpuscles and nutrient elements.

A good example of Dropsy from impoverishment of the blood was noticed in those unfortunate people who died of starvation during the late famine in Ireland, many of whom were observed to become dropsical several days, and not unfrequently weeks, before their death. In cases of this kind, we generally have but little to do in the line of medication. The free use of Beefsteak and Porter, together with a proper amount of exercise in the open air, is believed to be a specific remedy.

Obstructions to the circulation of the blood present themselves in various forms; a full detail of which it is not at present my purpose to give, but merely to notice some of the most common and striking forms by way of illustration. In whatever form it occurs the almost invariable result is some one of the forms of dropsy.

Heterologous deposits or tumors in any of their various forms, may be so situated as to become obstructions to the circulation; valvular disease of the heart, or disease of some important organ preventing the free circulation through it, are also obstructions. Finally, Dropsy may be produced by a deficient power of the heart's action, which I choose to place in the class of obstructions.

Cirrhosis is a chronic inflammation of Glisson's capsule. In this disease the color of the liver is changed to a yellowish hue. It is not unfrequently diminished to one half its normal size. The surface presents a nodulated appearance, which gave rise to the name of "Hobnail" Liver. False membrane is effused on the ramifications of Glisson's capsule, which by its contractions produces this nodulated appearance and diminution of size, and consequently obstructs the portal circulation and gives rise to ascites, and in its latter stages may produce general dropsy.

The uterus of pregnant women, resting on the iliac veins and preventing the venous return from the inferior extremities, is a frequent cause of œdema of the feet and legs.

BRIGHT'S Kidney produces general dropsy, and is usually first observed in the face; slight changes being more readily noticed in the face. This disease seems on inspection, to be analogous in some respects to cirrhosis of the liver. In the first stage of BRIGHT'S Kidney it is congested, darker colored than normal and enlarged. Albumen appears in the urine and urea in the blood. Then, as the effused false membrane begins to contract, the kidney grows smaller, the color is changed to something very near the color of the skin, or the hand of the subject from which the kidney is taken; stilate injections may now be seen scattered over its surface. In some instances, it is found diminished to one half its normal size at the expense of the secreting portion. Small quantities of oil globules are found in the epithelial cells. The cause of the retention of urea in the blood, and the elimination of albumen, probably, is mechanical; for the gravid uterus pressing on the aorta, below where the renal arteries are given off, will produce the albumen in the urine, the urea in the blood, and the dropsy, which by the way is always general when produced by

kidney disease. This accounts for the apparent plethora so often noticed in pregnant females.

Prof. OLARK, of New York, says the dropsical effusion may be in consequence of the urea circulating in the blood. The albumen may readily be detected by taking an ounce of the urine, and dropping into it twenty or thirty drops of Nitric Acid which will throw down a white precipitate. Then take some more of the same urine and heat it rapidly to the boiling point and the phosphatic salts will be thrown down in the form of a white powder. These two tests, carefully tried, are sufficient for all practical purposes. The corrosive sublimate, however, is a more delicate test. When albumen is suspected in the urine it is not sufficient to make only one examination, for it is not *constantly* present in any case.

This disease has been, by many Authors considered incurable; but if assailed at an early period something may be done for it. In the stage of congestion, cups to the spine in the region of the kidneys, frequently act like a charm.

Phlegmasia dolens causes a dropsical effusion into all that part of the limb below the seat of inflammation, by interrupting the return of the venous blood. Femoral hernia, pressing on the femoral vein, is also a frequent cause of œdema of the lower extremities. Dropsy is many times found to be a consequence of some form of heart disease; any disorganization of this organ or of its appendages, which will impede the circulation, has a tendency to induce dropsy. Hypertrophy of the heart has been considered a cause of Dropsy; but dropsy is not a sequence of a too energetic circulation, on the contrary it is a sequence of too feeble and slow a circulation. When we find hypertrophy in connection with dropsy we will always discover, in the course of a thorough search, an obstruction, somewhere, to the circulation, and the hypertrophy shows that nature has made an effort to overcome the obstruction—whatever it may be—by increasing the muscular structures of the heart—a beautiful as well as a wise provision. It also shows that the hypertrophy, which increases the heart's power over the circulation, is not adequate to the restoration of the circulation to a healthy or normal standard, for if it was we should not find the dropsy still remaining.

Prof. H. H. CHILDS reports the occurrence of two cases under his observation, of sudden dropsical effusion taking place in the lungs of persons who were apparently well, prostrating them in fifteen to twenty minutes, and proving fatal in about thirty minutes more. This œdema of the lungs was caused by valvular disease of the heart allowing regurgitation upon the lungs which induced congestion and effusion. I have witnessed a case similar to the above. There was not only effusion of serum but also blood in considerable quantities. I think the blood burst through a place that had become weakened by tuberculous deposit, there being a few found in the lungs. I think such cases might well be classed under the head of Apoplexia Pulmonalis.

Ovarian dropsy will serve to illustrate that form of Dropsy produced by

"an action closely allied to inflammation." This disease consists in the formation of cysts in the ovaries. The frame-work of the ovary is of fibrous tissue; in this frame-work or stroma, are set the Graafian vesicles which contain the ova. The stroma is made to secrete a fluid which enlarges the walls of the vesicle, blights the ova, and converts the coats of the vesicle into sacks containing the secreted or effused fluid which is principally serum. When several of these cysts exist together, they are called multilocular cysts. If they are nearly of the same size, puncturing does not afford much relief, as the trocar only enters one or perhaps two cysts, and, of course, the contents of the others are not evacuated. But more frequently they either burst into each other during their growth, or some one increasing more rapidly than the rest and pressing on the lesser ones causes their absorption, and thus the whole is merged into one cyst. It occasionally bursts into the peritoneal cavity, and the fluid is eliminated by the kidneys with such rapidity as almost to seem to have burst into the bladder itself. It has been known to point like an abscess and ulcerate through the abdominal parietes. In either of these two ways nature occasionally effects a cure.

The diagnosis is not easy in the first stage but can be readily made out after it rises above the brim of the pelvis, as it goes on to enlarge, approaching the median line and resembling the gravid uterus, for which it might be mistaken did it not fluctuate. It is distinguished from peritoneal dropsy by percussion, always getting dulness on percussion anteriorly, in whatever position the patient be placed; whereas in peritoneal dropsy, when the patient lies on the back, the intestines float on the fluid giving a tympanitic sound on percussion anteriorly.

Suspension of some habitual discharge is also a cause of dropsy. Prof. A. CLARK gives an interesting account of the case of a young woman who, on a washing day, having her arms in warm water and then going out of doors into the cold air with her arms exposed took a violent cold, and it being during the period of menstruation, it ceased at once. Still there was no particular inconvenience till the next catamenial period, when in its stead a dropsical effusion took place in one of her arms, and remained unaltered till the next period for the return of the menses, when a still further effusion took place in the same arm. It went on in this way receiving an additional effusion every four weeks until the seventh month, when menstruation was restored and the dropsy disappeared. Dropsy occurs sometimes from causes not well understood; and perhaps chronic Hydrocephalus is the best example of this class. This is usually congenital, but may occur any time before the closure of the fontanelles. It is purely dropsical not giving the slightest evidence of inflammation.

Of the treatment it is not my intention to speak in detail, but merely to make some general remarks. The indications are, first to remove the cause, which in many cases is all that is necessary; while in others our attention must be directed to the removal of the accumulated fluid. This

we wish to accomplish by the aid of absorption, which we usually can induce by the use of cathartics, diuretics and diaphoretics and even blood-letting can be employed in certain cases. For example, when the effusion depends upon congestion; here blood-letting comes into the very best advantage, relieving the congestion and by diminishing the quantity of blood in the vascular system induces it to take on the process of absorption—the very thing desired.

When we cannot get at the cause to remove it nor induce a sufficient amount of absorption, we can in many cases resort to the trocar, to very good advantage—as in Hydrocele, where by removing the accumulated serum, and injecting a little Tincture of Iodine we produce a radical cure.

Art. XXV.--The Supposed Cause of Goitre and Cretinism.

By HENRI ERNI, ESQ., PH. D., PROFESSOR OF CHEMISTRY
IN THE UNIVERSITY OF VERMONT.

Many and varied are the opinions advanced by Physiologists as to the probable cause of these affections occurring, in the endemic form in some localities, and more particularly in the vallies of the Alps, Switzerland, Savoygen and Piedmont, as also in the Pyrenees. The ultimate cause of Goitre and Cretinism,* has been ascribed to the use of unwholesome food, to a residence in a warm and at the same time damp air, to a want of atmospheric electricity, but more particularly has it been looked for in the qualities of the water used for drink. That the latter cause, during a comparatively short residence in some districts of Switzerland, produces swellings under the throat, I have on numerous occasions, observed. Some believe that an excess of Sulphate of Lime or of Sulphate of Magnesia in the water is the reason; whilst FOURCAULT and CHATIN, of late, consider the absence of Iodine in the water or the food generally and in the atmosphere as the first cause of Goitre and Cretinism. CHATIN has already published extensive investigations as to the occurrence of Iodine, which seem to corroborate his views, and which we will here briefly consider:

* The name "Cretin" dates from Switzerland, and is derived from the romanian word "cretina" synonymous with *creatura* (miserable creature.) These unfortunate beings seldom attain middle size, but are more commonly dwarf-like, their body is almost always unsymmetrical and misshaped, especially the head which is either too large or too small, much flattened and rarely carried erect, and the countenance has a revolting and brutish look. Still more deplorable is their physical condition; their mental abilities fall always very low and are often totally wanting. The sense of hearing is generally frequently impaired or fails altogether, and the faculties of speech, smell and taste are but little developed, if at all present. Cretins are, in most cases, also affected with Goitre.

He found Iodine in the ashes of various sweet-water plants* from all parts of the world. Plants growing in running waters contain a larger amount than plants flourishing in still water. He states the Iodine to occur in combination with an alkali-metal in the sap of plants. CHATIN, and other Chemists, discovered this element in the ashes of stone-coal and in sweet water animals (leeches, craw-fishes, frogs and water-rats.) River and spring water contain the more Iodine, the more Iron is found therein. Those waters arising from volcanic rocks are particularly rich in Iodine; next follow those of green-chalk and the (ferrogulous) Oolitic formations, then those of the coal-formation, but little Iodine could be traced in waters springing from lime and magnesian rocks.† Rivers fed with Glacier-water are poor in Iodine. CHATIN discovered it likewise in some land plants and animals; further in the potash of commerce and salts prepared from it (with the exception of salpetre,‡ purified Cream of Tartar, Emetic Tartar and Seignette salts.) Soda, Salammontiac, and kitchen-salt when made from sea-water contain Iodine, (rock-salt of Eastern France scarcely any;) also fermented drinks, such as wine, cider, perry, varying, however, considerably in quantity in the latter case, the difference in *terrains* exercising here the same influence as mentioned above upon the waters. Milk contains more Iodine than wine that of the ass more than that of the cow. Eggs, excepting the shell, contain much Iodine; CHATIN also demonstrated its existence in the tobacco of Havana and of France; it likewise occurred in soils and some minerals (iron, manganese and sulphur-minerals and cinnabar;) he obtained it sparingly from gypsum, common chalk, etc. LEMBERT also found Iodine in various lime-stones, near Lyon and Montpellier in France.

According to CHATIN 4000 litres § of air at Paris contain 1.500 milligramme ¶ of Iodine; the expired air only 1.5 as much as the inspired air. In 10 litres of rain-water he found as much as 1.2 milligramme of Iodine; less in snow, and only traces in dew. CHATIN and FOURCAULT find that drink-water in localities where Goitre and Cretinism prevail endemically contains no Iodine, nor is it to be found in the atmosphere in such places according to CHATIN's repeated experiments. In a later publication, the same observer mentions that in the Alps the air and all the

* It is scarcely necessary to mention that Iodine is found in plants growing in the sea, or on the sea-coast, and also in sea-animals, as the sponge, etc

† MARCHAND, who claims to be the first discoverer of Iodine in sweet-waters, states also that the ashes of the majority of woods contain it; he assumes that Iodine (and Bromine where it is found) originates from the sea, and is carried in-land with aqueous vapors (which are, as is long known, charged with sea-salt.)

‡ The so-called Chili-salpetre or Nitrate of Soda, Iodine and Bromine were traced by GRUNBERG.

§ 1 litre is equal to 61.08 United States cubic inches, or 2.11 U. S. wine pints.

¶ 1 gramme is equal to 15.43 troy grains; one milligramme to 1/1000 of a gramme.

water were poor in iodine; but that at a certain distance from the mountains, the air and soft waters were rich in it, (hard water contained scarcely any.) He maintains that a want, or insufficient amount, of Iodine in the air, soil-water and food give rise in the first instance to Goitre and Cretinism, and divides the places in the measure as these affections predominate into Zones, as a line of demarcation against these, he considers the relations of Paris, where a man within twenty-four hours obtains in air, water and food from 1-100 to 1-200 milligramme of Iodine, whilst circumstances in the Alpine vallies allow a consumption of but 1-2000 milligrammes.

GRANGE discovered Iodine (also Bromine in a greater quantity) in normal urine, which varies in amount with the food. In the higher altitudes of mountainous countries he found its occurrence diminished, and failed to trace it in glacier-water, though he still disagrees with CHATIN as to the influence the latter ascribes to it, stating that in the same vallies with greater light, both the Iodine and the prevalence of Goitre were found to be diminished. Other Chemists endeavour to contradict some of CHATIN's statements, saying that they failed in detecting Iodine in much larger bulks of air, also in eggs, milk, rain and snow-water; whilst, again, others seek for the error in the impurity of the re-agents employed, as many of these may already contain previous traces of Iodine. Thus, ST. MACADAM found Iodine in every sample of Carbonate of Soda and Potash and in lime, etc. All these objections and negative results are rejected by CHATIN as founded on erroneous analytical processes, but he himself has not yet made known how he proceeds to detect it in such minimum quantities.

NOTE BY THE EDITOR. The Reader is requested to make the following corrections in Prof. ENRI's article in our December Number: page 115, 11th line from the bottom, after colour insert "ensues;" page 116, 17th from the head, in place of "in" read "with;" 18th line, after "and" read "the filtrate" evaporated, etc.

Art. XXX.--Extensive Disease of the Tibia; EXTIRPATION OF THE BONE; CURE.

DR. NELSON.

Dear Sir:—On looking over my Case-book, I find what may be of interest to some of your Readers. Should you consider it as such, you are at liberty to insert it in your excellent Journal.

With a sincere wish for your prosperity and the success of your glorious LANCET, believe me

Very truly yours,

ARISTIDES MONTEIRO, M. D.

Goochland Court House; Virginia, January, 1855.

On the 10th of December, 1853, I was requested to visit a boy aged 13, the son of a farmer. I found that the tibia of the right leg—for about six

inches of its middle third—was completely exposed; the leg immensely swollen, and the periosteum totally destroyed. On a closer examination I discovered that Nature had already severed the bone just below the insertion of the tendon of the quadriceps extensor cruris above, and two inches above the malleolus, below. The integument had retracted from the surface of the tibia, and had perfectly united over and protected the surface of the fibula from the disorganizing process at play in its vicinity. The poor fellow had suffered from the disease for eight months before I saw him. His parents would hear nothing to amputating the limb, and begged me to save it as it was though it should prove an useless member.

After consultation with my friend, Dr. JULIEN KEAN, of Louisa, it was agreed to remove the diseased bone, and heal the soft parts as best we could. I used HER's saw and cut through the bone at about the junction of its middle and upper thirds, and extricated the two portions, causing the patient but little pain. The soft parts healed more satisfactorily than I anticipated; and now with a splint adapted to the inside of the leg, he has very good use of the limb. The fibula has adhered by the inflammatory process to the remaining head of the tibia, and affording thereby additional support. I have seen him walk a considerable distance without his splint.

**Art. XXX.--Urethral Discharge in a Man
CAUSED BY ASCARIDES IN THE RECTUM.**

DR. NELSON.

Dear Sir:—If you think the subjoined case worthy an insertion in the LANCET it is at your disposal. With considerations of high esteem, I am,
Yours truly,

Z. THOS. MURPHY, M. D.

Salem, Alabama, January, 1855.

CASE. I was called, May the 26th, to see a colored man, aged 47 years, the property of Mr. A. He had been, for some time, under the treatment of a "Steam-doctor" for, as the doctor called it, "runing at the reins."—But, with all the boasted skill of the Thompsonian practice, the patient from the first continued steadily to grow worse. I found him very much enfeebled; there was a slight discharge from the urethra of a muco-purulent character; he complained of severe griping and gnawing pains in the rectum; a troublesome dry cough; twitching of the upper lip; urine scanty and high colored; the tongue coated with a dark brown fur, and the pulse 110.

The patient had been using balsam copaiba, and any quantity of root-teas. I immediately ordered a discontinuance of the remedies he had been taking, and directed instead a nourishing diet, and at night an injection of twelve grains of powdered aloes to three ounces of tepid water. To be followed in the morning by one ounce of castor oil with fifteen drops of spirits of turpentine.

27th. Visited the patient in the afternoon; the bowels had operated twice, and the last evacuation, which I examined, contained at least a handful of *Ascarides*, the quantity was enormous. The discharge, likewise, presented a bilious character. I ordered at bed-time ten grains of calomel with five of Dover's powder, with directions to give castor oil in the morning, if necessary, to remove the mercury.

29th. I found my patient greatly improved; he complained of nothing save weakness and a strong desire to devour every thing eatable within his reach; the discharge from the urethra had ceased, and he was dismissed cured.

This case presents to my mind some peculiar points of interest, and I do not remember to have heard or read a similar instance. That female infants are liable to have a muco-purulent discharge from the vagina produced by ascarides in the rectum, has long been known and acknowledged; but here we have the same character of discharge from the urethra of a male at the advanced age of 47 years. I cannot close this short communication without expressing the gratitude I feel for the invaluable instructions of Professor BEDFORD, whose kindly admonitions in respect to similar discharges in female children, resulting from ascarides in the rectum, have ever been fresh in my memory, and by which I was directed to a proper diagnosis and treatment in the case here submitted to the Readers of the LANCET.

Art. XXXIII.--Remarks upon Convalescence.

BY EDWARD KANE, M. D., PROFESSOR OF MEDICINE
IN THE UNIVERSITY OF VERMONT.

[Continued from page 146.]

From these latter affections of the nervous centres, the patient may, after a time, recover; but as just remarked of the defective muscular power, they, too, often continue throughout all of subsequent existence. Often, too, in diseases of the pulmonary tissue, certain symptoms will linger which point towards the character of the pre-existing lesion, such as acceleration of the pulse, an irritable cough and more or less of laborious respiration, particularly, if a little more than usual exercise be indulged, or under the influence of circumstances, that are productive of mental excitement. The persistence of these symptoms indicates, but too clearly, that a normal condition of the organ has not been attained, "that although the malady has been arrested, it is not wholly subdued;" hence, it is exceedingly liable to be renewed, under the excitement of causes, which, in other circumstances, would be truly trivial. A like lingering of symptoms, varying in severity, and often productive of no inconsiderable amount of suffering and evincing most certainly, that all is not right, or, that disease is not completely subdued, is of common occurrence in diseases of a greater or less number of the abdominal viscera. The or-

gan or organs, primitively affected, may have well nigh returned to their normal condition, but, in the progress of disease, sympathetic irritation has been communicated to some associated organ, consequent upon which, if carelessness have been indulged, in the use of inappropriate food or injudicious exercise, etc, a new train of morbid phenomena is apt to arise and reduce the patient to the necessity of further confinement, and an additional course of medical treatment. Thus, it will often happen that, after apparent recovery from an attack of enteritis, or protracted diarrhoea, during the heat of summer, or of cholera or even of fever, the liver will have taken on this symptomatic irritation, and sooner or later, jaundice will make its appearance, preceded and accompanied by characteristic symptoms; or hemorrhoids, consequent upon engorgement of the portal system, will follow.

In either case, convalescence will progress slowly, and these, like all other irregularities, point, imperatively to the duty of the medical adviser, to watch with unremitting carefulness, every change that may take place in the vital movements of organs and tissues, just recovering from disease as well as of the economy at large, and of the patient and attendants, to obey, implicitly, the instructions of the physician.

Having said thus much, in regard to many of the facts, that will not fail to engage the attention of the observing practitioner, in the stage of convalescence, and sufficient, we hope, to convince the most inattentive of the necessity of much intelligent care during its progress, we come, now, to speak as briefly as the nature of the subject will allow, of the treatment, which a philosophical regard to the welfare of the sick, as well as a just appreciation of the obligations and rights of the medical attendant, imperatively demand. That "more precision" as observed by another, "is often required, in the management of convalescence than is generally admitted," is a proposition, which, it is believed, but few will question, and which, according to our humble measure of attainments, we proceed to establish and elucidate. That we may be somewhat more explicit, in the practical doctrines, we wish to enforce, we shall consider them in the following order: 1st. As regards exercise; 2nd. Diet; 3rd. Clothing and exposure to atmospherical vicissitudes; 4th. Attention to the due regulation of the bowels, and, 5th. Considerate regard to all those circumstances and causes that materially influence the mind.

Of exercise, it may be predicated, in general, that in health, "a certain quantity of locomotion or exercise is necessary for its preservation, in every period of life." In disease, however, the rule is changed, and, other things equal, he will be found to be the most successful practitioner, who feels, most forcibly, the necessity of rest and the abstraction of all, or as many sources of excitement as possible, during its continuance, and who, therefore, is most watchful as regards the innumerable circumstances, that tend to excite and most fortunate in procuring implicit obedience to his injunctions. But here, I may be met by the declaration—and it is painful to be obliged to affirm, that practitioners of long continued experience, but too frequently, by unwarrantable indifference to the

teachings of even the commonest observation, give strength to the prevalent sentiment, and a warrant for carelessness, if not recklessness, even on the part of, both those who take care of the sick, as well as the sick themselves—that exercise is indispensable to health and strength, and, that confinement tends, necessarily, to debilitate. The truth of both dogmas is cheerfully admitted, as has already been done, in health; but we insist that in disease, and in convalescence from acute disease, especially, they are wholly inapplicable. Most of the diseases that belong to Surgery, being external, and, therefore, readily examined, it is easy to appreciate the influences of treatment and the progress towards recovery. In these, "the application and effects of remedies can be more nicely regulated," and the nature and advance, as well as any changes, that may take place during the continuance of the disease "ascertained with almost unerring certainty." In ophthalmia, the pernicious consequences of too early return to the use of the organ, are palpable. So, likewise, of inflammatory affections of the extremities, whether acute or chronic. The Surgeon knows well, how essential is absolute rest, in a vast majority of the diseases, that belong to his department, nor does he fail to avail himself of the advantages, it affords; more especially, in all inflammatory affections. Indeed, it is said, and doubtless with much of truth, that the secret of the abundant success of the eminent *Physic*, consisted in his thorough conviction of the necessity of complete quiet, and his untiring perseverance in procuring it. "If, therefore," observes a learned writer, "such precautionary measures are necessary, in external diseases, in which the various changes are evident to the senses, they are equally requisite in those internal parts, more especially of the inflammatory kind, in which the changes which the organs undergo, are almost precisely the same, while there is the same tendency to relapse, or the renewal of the diseased condition, after any irregularity, in the management or conduct of the convalescence." That patients are often permitted to rise, too soon, after the subsidence of protracted diseases, and such as, from the nature of the cause, or the violence of the morbid action itself, have produced, suddenly extreme debility, there can be but little doubt, and too frequently, the pernicious consequences are visited with overwhelming effect. Illustrations of this, will be found in the experience of every practitioner, whose field of observation has extended much beyond that of the *varietal novus*. He will recollect with poignancy, the instances of fatal, or nearly fatal syncope, that have occurred, when in extreme prostration, from protracted fever, from hæmorrhage, and from cholera, etc., he has, in obedience to, or respect for, the importunities,—often, the clamours of the patient, or friends, or both,—surrendered his better judgement to their, perhaps, not unfrequently, almost delirious demands. A writer, whose sphere of observation, particularly in fevers, was ample, observes, "the mismanagement of convalescence, consists chiefly in allowing the patient to rise too early from bed and to take solid food, too soon, and in too large quantity; and these are, by far the most frequent causes of relapse." And again, "were I to place on record all the instances I have

seen, of fatal relapse, from these two causes, alone, the list would be frightful." The same writer regards the unreasonableness of the convalescent, in this particular, as a continuance of the deliriousness of the former stage, and insists that it should be treated in accordance with this view,"—and, after quoting the language of the sick, viz: "if you would allow me to rise, how thankful I should be, how much more it would refresh and strengthen me, than any thing else; that can now be done"—he remarks, that such is the language, which is constantly addressed to the physician in the early period of convalescence, and if he be weak enough to yield to it, and allow his patient to rise, it is a chance if he ever rise again." Among the conditions then, indispensable to the successful treatment of disease, during its active stages, rest holds confessedly, the first place; and, if there be a difference consequent upon the highly irritable state, in which the tissues are left, by severe and long continued disease, and the morbid sensibility of the nervous system, which give rise to the great proclivity, towards relapse; in convalescence too, rest is more preeminently requisite and, especially in its early periods. The rule, doubtless, should be, to enjoin the same quietude, in early convalescences—until the pulse has acquired a degree of fullness and firmness, that approximate its character in health, the tongue has become moist, and, in a measure clean, the appetite somewhat restored, and the sleep natural and refreshing—that the welfare of the patient, the interests of science, and the teachings of physiology, and every day's experience—all declare to be imperative, during the most active stages of severe disease. These facts existing, and at no prior moment, the patient may be indulged, cautiously, in setting up during brief periods, and at distant intervals; the influences of the erect position, and the exertion, being carefully watched; when, if no ill results follow, he may be permitted to rise more frequently, and sit up longer, until, finally, strength thus gradually confirmed, he may be left to his own judgement. [To be continued.]

Errata. Nov. No. 1854, page 68, 11th line from top, for things pertain, read "things will pertain." Same page, 6th line from bottom, for agglomerate, read "agmanate." Page 69, 14th line from bottom, for is, read "are." Same page, 6th line from bottom, for contractable, read "controllable." Same page, last line, for relaxed, read "replaced." 70th page, 12th line from top, for giving, read "give."

Page 202, 8th line from the top, read "(ferruginous) Oolic" in place of the two words there printed.



Original Translations.

XXII. CLINICAL REMARKS UPON HEMORRHAGE DURING AND AFTER DELIVERY. BY PROFESSOR DUBOIS.

[Concluded from page 74.]

I have pointed out those measures generally employed against puerperal hemorrhage; yet numerous others have been proposed, and although you can in the greatest number, if not in all cases, depend upon those I have described, still I wish you not to be ignorant of the others as they may serve you under various circumstances. I will first recall to your minds the two principal objects the accoucheur should always have in view in the treatment of uterine hemorrhage—to induce contraction of the uterus, and lessen the current of blood flowing through the organ.—You now know that the first indication is fulfilled by the administration of the *secale cornutum* and the introduction of the hand. Practitioners have, moreover, recommended the injections of various fluids into the uterine cavity, some of these fluids being cold, others acid, and some again of almost a caustic description; thus we are told to inject diluted sulphuric acid. These injections are not suitable, most of them are even dangerous; in no case—supposing them to be harmless—do they appear to me to be preferable to the introduction of the hand. This means, as I have previously said, generally always suffices to induce uterine action, and in cases where one introduction of the hand is not sufficient, it should be repeated several times. I never remember having had to introduce the hand more than twice; this may be done many times without danger and without serious inconvenience, provided you use necessary precautions. A distinguished accoucheur thought of being able to unite in one time the two actions of liquids and solids, by peeling a lemon, passing it up in the uterus, pressing out the juice and allowing it to remain in the cavity. Apart of the above varied means, electricity has been recommended; and it is in England more particularly that this practice has been employed. This plan may be attended with good results, but it is not always of easy adoption in private practice; the apparatus is not always at hand; and it can only be employed in hospitals. The use of electricity is, moreover, not always free from inconvenience; and this will be described when we come to speak of premature birth; but I will say here that electricity acting more particularly on the contractility of the organ, does not entirely fill the indication in view. Cups have long since been applied to the breasts; it was thought that the efforts at suction, in causing an action of fluxion in the breasts, could produce by the sympathy existing between these organs and the uterus, contractions in the latter. We know, indeed, that the act of sucking pro-

duces in some women a somewhat high degree of excitement, an excitement which in some cases has determined flooding, and this result appears in contradiction with the object we have in view, but which more generally is limited to the inducing of uterine action.

We now come to the second indication—a diminution of the force of the circulation through the uterus. I have said that this indication was met by refrigerants and compression. And here I will say a few words more in relation to refrigerants; I have said that they are applied externally and internally, and you now know my opinion of this last mode. Independently of these two ways of applying cold, there is a third to which I have not yet alluded—it is the taking of iced-drinks into the stomach. This was proposed by YVANS. In my mind the drinking of cold water alone is of no benefit; but I look upon it as a useful adjunct to external cold applications; the same may be said of refrigerants introduced through the rectum; and it is only as accessories that they are employed; for of themselves they are insufficient and of no value. It was thought that we had a powerful auxiliary in a remedy very frequently administered under other circumstances, I mean opium. It was proposed in an English work and translated by M^{rs}. BORVIE. DUCAN and RIESE also employed it; and in their judgement is the best means of checking the hemorrhage. But I think that it is far less useful than the other means I have described in the first part of this lecture; and having answered all purposes in cases where they were called for, I have had no occasion to give the opium. Apart of vascular compression, you know it has been recommended to make powerful pressure upon the uterus, by means of an appropriate bandage. This bandage has the inconvenience that we cannot ascertain the condition of the uterus, and I declare that it is a subject of great perplexity in such cases in not being able to watch the uterus and to ascertain by sight or by touch whether the uterus is distended or contracted, and I know that this would be a cause of much uneasiness for you. Finally it has been recommended to exert pressure on the aorta through the uterine walls; and singularly enough, practitioners have gone so far as to recommend making pressure in the uterus at the point where the placenta is attached. And what is more surprising in this last advice—which evidently cannot be put into execution—is that it is given by no less an experienced and judicious accoucheur, M. BUDER.

Finally there is the tampon. It seems to me that every sensible accoucheur looks upon the tampon as dangerous, the more so that it inspires a false security in checking external flooding, and giving place to internal hemorrhage, the gravity of which it is not easy to determine. In fact, the tampon only fills up the vagina; no one has ever thought of passing it up into the uterus. Thus, and I repeat it again, in closing up the vaginal canal, we do ought else than convert an external into an internal hemorrhage. You will perhaps hear it said—but by accoucheurs of limited experience—that the tampon is a good means for arresting uterine hemorrhage. M. LEROUX, of Dijon, has published cases in

proof of the efficacy of the tampon. But it was not a true tampon he had used in these cases—it was linen moistened with some exciting liquid. Hence we can—and very correctly too—attribute the suspension of the hemorrhage to the action of the exciting liquid imbibed in the cloths passed up the vagina as much as to the mechanical action of the cloths themselves acting as tampon. It is, in fact, not impossible that the uterus contracted under the influence of the medicated cloths, and that is the true cause of the cessation of the hemorrhage, and not as we may be led to believe to the direct action of tamponing. However it may be, we must not rely too much upon this treatment, for you must be aware that in some cases the hemorrhage will continue although there is contraction of the uterus. The tampon, nevertheless, can be used with advantage in uterine hemorrhage occurring under circumstances somewhat different from those under consideration. The hemorrhage may, for example, occur at a longer or shorter interval after delivery and when the uterus has completely retracted; the tampon can here check the hemorrhage, but the case comes now in the condition of metrorrhagia and beyond the pale of puerperal flooding. Thus, yesterday, for example, having to check hemorrhage from cancer of the uterus, I had recourse to the tampon, and the bleeding at once was arrested. But, I repeat it, the conditions here were very different. Mad. LACHAPELLE, almost in despair, has proposed another plan. She questioned whether we could not succeed, in introducing the tampon in the vagina, but with the precaution during the whole time of the sojourn of the tampon to compress the uterus in order to prevent its dilatation. I do not think this practice very safe, yet it should not be entirely looked over, as it may prove of benefit in certain cases which your sagacity will dictate. I remember, when I was young, that an amateur physician, named ROBERT, introduced a pig's bladder into the uterus and then inflated it. He urged this plan with rare tenacity, which not being favorably received by his brethren, and more particularly by my father, who did not approve of the idea, he dilated upon it in a brochure which he dedicated to the General in Chief of the Army in Italy! It is evident that the proposed plan is faulty, in as much as it is in direct opposition to the first indication in checking the hemorrhage—the contraction of the uterus. And yet this idea has been recently renewed in a memoir presented to the Academy of Medicine. I know not whether any report was ever made upon this paper.

I now return to a more important question. I have said that refrigerants were among the most efficacious means we could employ, and which should generally be had recourse to in the cases under consideration. But you can easily see the inconveniences that might result in persisting with them in cases where we are obliged to continue for a long time cold applications. We must therefore discontinue the application the moment the hemorrhage stops and then warm up the patient; and you must warm her where she is without moving her, and without changing the bed. It can only be in several hours after the hemorrhage is

checked—and even in twenty-four hours if the flooding has been profuse—that you can with any safety venture upon removing the patient to another bed. When should you leave your patient? The hemorrhage is stopped; can you leave after waiting a few minutes? No, be careful you do not so. Remain at least one hour by her; and this is not long enough if you reside at some distance; for the hemorrhage may return during the first, and even during the second hour; and you cannot think her safe till some hours after its cessation. Lastly, remember that a woman recently delivered and who flows, is not in the ordinary conditions of one that has just been confined. There is almost always fever; do not take this fever as a symptom of a morbid state—it is a fever of reaction, it is a salutary fever. Again women after this accident, are generally reduced to an extreme degree of debility, and they generally have intense headache. I will say of the headache what I have just said of the fever: do not look upon it as a morbid symptom, and be very careful that you do not try to overcome it by bleeding. When there is but little blood in circulation, and when this blood is impoverished, there is a great disposition to local congestions; and women who have been a prey to profuse uterine hemorrhage are, in this respect, precisely in the same conditions as anemic subjects in whom we frequently observe cerebral congestions denoted by severe cephalalgia. Therefore, in such a case, I repeat it, never bleed, for you will only increase the disease in increasing the disposition to the accidents you intend to overcome.—L'Abbeille Medicales.

**XXIII. EMPHYSEMA OF THE LUNGS FOLLOWED BY
GENERAL EMPHYSEMA OF THE SUB-CUTANEOUS TIS-
SUES IN CHILDREN.—By M. BOUCHET.**

Emphysema of the lungs is, as a material lesion, one of the most frequently observed in children; it is the organic, ordinary, and even, necessary complication of all acute diseases of the respiratory organs. It is the sequela of these diseases, and we observe it to a variable degree in bronchitis pneumonia, whooping-cough, acute phthisis, etc. Emphysema pulmonum in children, is aught else than an *effect*, which in its turn may lead to ulterior accidents of severity. Thus is it in Medicine, that every thing is linked, and that from one primitive cause numerous effects are engrafted the ones upon the others productive of the most complicated morbid phenomena. Emphysema, in children, is but an organic lesion having no special symptoms; in this it differs from the same affection in adults which is characterized by pathognomonic phenomena. This same lesion, studied at different ages, has no similarity save the name that designates it. No symptoms denote it in children, while in the adult dyspnoea, cough, suffocation and asthmatic symptoms are always present. We should not in a clinical or practical point of view, approximate em-

physema in the adult, with emphysema in the child, for there are certain dynamic phenomena in the one case which are never present in the other. Emphysema, in children, is vesicular and interlobular; in the first species, the air-cells are evidently dilated in a portion of the lungs, and they are very different from healthy cells with normal diameters. In the second species, the air has lacerated the lung and is infiltrated between the lobules, who are separated and torn from each other as is observed in the lungs of cows, when forcibly inflated in the slaughter-house. We, or other pathologists have directed attention to all that is thus far known of the disease; but a recent fact, new in the history of emphysema pulmonum in children, has been pointed out by several writers and establishes the possibility of general emphysema succeeding to a primitive pulmonary lesion. It happens in this way: After acute disease of the lungs, after a violent fit of coughing or in a sudden motion of the child, emphysema pulmonum is produced, one or several cells are ruptured, and the air separates the lobules, developing interlobular emphysema. Then, in some rare cases, the air passes in the cellular tissue around the large bronchii or large vascular trunks, arrives at the root of the trachea, and ascends along it, without tearing the pleura, up to the neck. It next passes behind the larynx and pharynx, enters the sides of the neck and the maxillo zygomatic cavities, raises the integuments of the cheeks, and forms a smooth, round, brilliant and transparent tumour, which may alternately subside and reappear. This swelling of cheeks may be confined to one or affect both sides of the face; it next extends to the integuments of the thorax and extremities; it gives way to pressure of the finger and produces a fine characteristic crepitation—the crepitation of sub-cutaneous emphysema. M. OZANAM has, in other patients, seen the air infiltrated at the root of the bronchii take another direction than towards the neck, passing under the pleura extending to the posterior mediastinum which it detaches to a greater or less extent; it now compresses the lung, and gives rise to much thoracic resonance, as in pneumo-thorax, without perforation of the pleura. When the emphysema has thus generalized itself to the surface of the body, and has extended to the trunk, extremities and head, the body is as if blown, tense and crepitant over the whole surface. Death is the ordinary result of this complication and of this effect of emphysema pulmonum, though it is not always so. We cannot beforehand foresee the termination of such cases. The starting point—concealed in the chest—is inappreciable, and clouds, by an unknown element, the prognosis. However, in spite of all difficulties, the observations of M. OZANAM proved that many children have been cured, and we must, therefore, attempt every means to favour such happy termination. In the first place attention is to be paid to the disease which has determined the rupture of the lung—pulmonary emphysema—and, consecutively, general sub-cutaneous emphysema. We ordinarily have to deal with bronchitis, hooping cough, or pneumonia, and they are to be treated by special means. The indication in this case is to soothe the cough and moderate the agita-

tion thereby preventing forced respiratory action, and consequently diminishing as much as possible the exit of the inspired air from the lung; and this indication will be fulfilled by progressive doses of opium, belladonna, or lactucarium. If the sub-cutaneous emphysema is limited, we must leave the case to nature, for the air is soon removed by internal absorption. This result may be facilitated—if the locality of the effusion permits—by the application of a bandage. On the other hand, when the emphysema is much extended, the infiltrated air must find an issue in the cellular tissue; and this is accomplished by making small punctures in the skin with a lancet, with a capillary trocar or a small acupuncture needle introduced obliquely under the skin one or two centimetres. Several punctures have to be made at various points, and more particularly at the principal seats of infiltration. Slight frictions on the skin, suction or small cups will assist the issue of the air. In cases where the air has become effused under the pleura costalis, forming costo-pleural emphysema, the moment we are certain of our diagnosis, thoracentesis should be performed with a capillary trocar, and the air sucked out with the lips if it does not escape spontaneously. It is useless to premise that the operation has to be performed, according to the ordinary rules—on a level with the effusion, and close to the superior margin of the rib, to avoid wounding the vessels in the corresponding intercostal space.—*Gazette des Hopitaux*.

XXIV. THE PROPERTIES OF GLYCERIN. By M. A. P. CAP.

Glycerin possesses truly remarkable properties, and we are surprized that the industrial Arts as well as medical Science have not ere this put it to useful purposes. It is not a substance of a gummy nature, nor is it a fatty body; it is a neutral product—*sui generis*—generally in the liquid form and not crystalizable. Like water it mixes in every proportion with aqueous fluids, alcohol and vinegar, and dissolves nearly all those bodies susceptible of this change under the influence of water; it is in a slight degree hygrometric, and manifests neither acid nor alkaline reactions.—Like oil it is unctuous to the feel, does not evaporate when exposed to the air, and is only decomposed at an elevated temperature. It lubricates and softens, but does not grease living tissues when applied to them; it mixes in certain proportions with adeps and fatty matters, and dissolves the volatile oils; it does not become rancid nor does it pass spontaneously to a state of fermentation. Consequently, it has been used in various cutaneous affections in England, France and Russia. It appears, from observation, that glycerin easily penetrates the pores of the skin, and keeps up on its surface, on account of its hygrometric virtues, a sort of lasting or permanent moisture, highly conducive to counteract the dryness and thickness of the dermis. It cicatrizes fissures of the breast, cracks and fissures of the skin, preserving its suppleness and calming the erythsm. Dr. DALLEZ pronounces glycerin to be the most efficacious of all cosmetic

agents. M. TROUSSEAU has witnessed its good effects in superficial cutaneous diseases, in *pitirigo*, and in certain affections of the ear resulting from irritation of the skin propagated from the external to the internal auditory apparatus. Glycerin, according to M. VELPEAU's observations, is applicable to all cutaneous affections which would become irritated by the application of fatty or irritating compounds; and it has been found more particularly beneficial in pruriginous affections, so painful and persistent, of the parts of generation, the anus, or their annexæ. M. BAZIN employs it frequently in *eczema*, *zona*, *acne*, *ichthyosis*, and indeed in all cutaneous affections which do not depend especially upon morbid visceral changes. He finds it preferable to the irritating cosmetics so much in use, such as cod-liver oil, tar-water, alkaline solutions, particularly that of corrosive sublimate. Again, the unctuous nature of glycerin, its slight hygrometric properties, its analogies with oil and water, finally its perfect harmlessness, all indicate that it will play an important part in pharmacy. It mixes in all proportions with the water of baths, of injections, of fomentations, and of every description of lotions. When spread over burns and other wounds, it protects them from the action of the air, and keeps their edges in a state of suppleness. Mixed with the ingredients of poultices it preserves their softness, and prevents their edges from adhering to the parts to which they are applied. It is, therefore, a new and valuable *excipient*—which appears to hold a medium place between oil and water, as it possesses in a great degree the properties of both. It in fact unites with aqueous and alcoholic fluids, the same as it does with aëres, ointments, fomentations, saponaceous compounds. It may serve as basis for liniments, unctions and embrocations; it mixes with extracts, tinctures, alcoholic and medicated wines; a few drops added to a pill-mass prevents it from hardening, etc.; it is, consequently, adapted for almost every thing in surgery, medicine and the veterinary art, and imparting to all the preparations of which it becomes an ingredient its emollient and sedative properties; softening the tissues, and disposing them to absorb the medicinal substances with which it is incorporated. But it has still more extended pharmaceutical properties; it dissolves vegetable acids, all the deliquescent salts, the sulphates of potassa, of sodium and of copper, the nitrates of potassa and of silver, the alkaline chlorides, potassium, sodium, barytes, strontium, bromine, iodine, and even the oxide of lead. It dissolves or suspends the vegetable alcaloids in the same manner as water does, while the products resulting from its action may be employed in the same way as if oil had been the excipient. Thus, the salts of morphine are completely dissolved by it, almost in every proportion, and even when cold. The sulphate of quinine, in the proportion of one tenth, is dissolved by the action of heat, but when cooled separates in the form of small granules, which being tinctured in the surnatant liquid, gives it the form and consistence of a cerate well adapted for frictions and embrocations. The same may be said of the salts of strychnine, brucine, veratine and the majority of those of the same class. —Journal de Pharmacie et de Chimie.

**XXV. ACUTE RHEUMATIC OPHTHALMIA CURED BY THE
SULPHATE OF QUININE.** BY DR. E. LABOURET.

A. L., æt. 25, of lymphatic constitution, but generally in the enjoyment of good health, was seized, last year after taking cold, with severe ophthalmia of the left eye. In spite of the varied and energetic treatment to which he was subjected, in spite of numerous collyria and other topical measures employed, and which had all in turn to be discontinued from their increasing the pain, the disease continued during three months at the end of which, the cure, of such difficult attainment, became apparent, by a slight itching of the same side. This year, at the beginning of February, a few days after the subsidence of slight rheumatic pain of the right arm, A. L. became affected with ophthalmia of the right side as violent and severe as the first attack. Dreading a long siege of the disease he entered the hospital. After hearing the history of the first attack, its march, duration, and varied treatment, and after a careful examination of the diseased eye, I came to the conclusion that the case was one of acute rheumatic ophthalmia, and consequently, I had but slight hopes to bring about relief or cure by prompt measures. At this time, the lids much tumefied, could not be opened; there was continual and abundant lachrymation, and on forcibly separating the lids, the eye-ball was seen to be highly injected. The contact of light was painful and impossible. Fearing a despairing continuance of the symptoms which had existed but a few days, and my apprehensions unknown to the patient, I advised him to go to Paris and seek the advice of some ophthalmic Surgeon. He returned from the city with the following consultation: *Diagnosis*—Acute rheumatic ophthalmia; *Treatment*: 1. The application of 8 or 10 leeches, once in three days, between the eye and ear; 2d. Twice a week to take a salino purgative; 3d. Take two of the following pills daily: *R.* Calomel, and Extract of Belladonna, of each, 25 centigrammes; Syrup, q. s. to make six pills; 4. Four times a day to take a coffee spoonful of this solution: *R.* Distilled water, 100 grammes; Tartarized Antimony, 1 decigramme. To be omitted if there is pain without increase of ocular injection, and in place of it, 60 to 80 grammes of Dover's powder in three or four parts; 5th. Warm fomentations to the eyes with an infusion of chamomile flowers; no collyrium save: *R.* Distilled water, 10 grammes; Neutral sulphate of Atropine, 5 centigrammes. 6. Eyes to be kept quiet, and covered with cotton during the night. Tonic diet. A. L. was at once placed under this treatment, which was scrupulously persevered in for two weeks. The collyrium—procured rather late—was not applied; and I doubt its benefit in this species of ophthalmia. A fortnight, having thus elapsed, without the patient receiving the slightest amelioration or change, I renewed my preparation, which was to try the sulphate of quinine internally in this rheumatic ophthalmia, as I had, and with success, frequently administered it, in cases of acute rheumatism. The patient falling in with my views

discontinued the former treatment, and on the 12th of March, he took three portions of 20 centigrammes of sulphate of quinine, and with the express injunction to discontinue all lotions or topical applications night or day. The following day, after a sensible diminution of the pain, A. L. having had some rest during the night, and suffering less from tension and heat of the lids, with less lachrymation, I was encouraged, this and the following four days, to persist in the use of the quinine. A very great amelioration being observed during the first four or five days, one gramme of quinine—in three doses—was taken in the day. I recommended the patient to take a walk or short ride, when the weather was pleasant, and then longer rides or walks in cold and damp weather, with no other precaution than the wearing of slightly colored glasses. In spite of his going out and exposure to a cold and hard north-east wind, no untoward symptoms occurred, daily apparent benefit was noticed, and the patient left the hospital on the 25th of March. After the first eight days, the amelioration was so decided, that the lids appearing no longer swollen, were kept open as easily as those of the sound eye; and the eyeball, no longer injected, was as healthy as its congenere. There had been no pain during the night, and A. L. could for several moments during the day, and without fatigue, read or attend to other occupations. The cure in this case, therefore, appears to have taken place in from ten to fifteen days.—Archives Generales de Medecine.

XXVI. PNEUMONIA OF THE UPPER PORTION OF THE LUNG. By M. TROUSSEAU.

The Authors who have lately directed their attention to the subject of pneumonia, have noticed, says M. TROUSSEAU, that pneumonia of the summit or the upper portion of the superior lobe of the lung is much more common than is generally supposed, and they are of opinion that this part of the lung will be affected in the proportion of one to three to either the base or middle lobe of the lung. How then is it that this degree of frequency is ignored in ordinary practice, where pneumonia of the summit is looked upon as a rare occurrence comparatively to the attacks of other portions of the lung? The error is caused by carelessness in the diagnosis. In this species of pneumonia the pain in the side and the characteristic sputa are frequently absent; moreover, auscultation detecting no abnormal bruits in the base or central portion of the lung, the physician overlooks auscultation of the summit of the organ—the depth of the axillary fossa—and thus the disease is overlooked by the want of careful exploration. If on the one hand certain pathognomonic symptoms are absent in pneumonia of the summit, we observe on the other hand, the presence of certain signs more frequently met with than when the disease has its seat in the base or middle lobe of the lung, and to this class pertain the nervous *ataxique* symptoms. It frequently hap-

pens the delirium attending pneumonia of the base results from extension of the affection to the upper portion of the lung. This we are capable of recognizing in many cases, if a careful exploration is made, not only of the part primitively affected, but of the whole lung and on both sides of the thorax.

There is another important point of consideration which has not received due attention from writers, and which is the result of close observation of many practitioners, it is the tardiness with which pneumonia of the summit resolves itself into resolution. M. TROUSSEAU relates the cases of several patients, in his wards affected with pneumonia of this part, in whom the fever and inflammatory symptoms of the disease having entirely given way, during the first fortnight, to the administration of antimonial preparations with digitalis, convalescence appeared perfect and rapid, and nevertheless the local symptoms—*souffle râle*, crepitant bronchophony—have continued with considerable intensity till the fortieth day, and even sometimes later.

The stethoscopic signs of pneumonia of the summit may lead to serious errors of diagnosis, even with a careful physician. Thus in the woman suffering from pneumonia in No. 5 of St. Bernard ward, percussion revealed a distinct bruit of "*pot fêlé*," while by auscultation we detected the *bruit de souffle*. Now these stethoscopic signs are exactly the same as those noticed in phthisis pulmonalis, and one can readily account for them in studying the mechanism which causes them. In phthisis, from the destruction of a part of the lung, one or more cavities—whose rigid walls remain separated—are developed, and when with some degree of force, we percuss the corresponding point of the thorax, the vibrations imparted to the thoracic parietes are transmitted by means of the unyielding parietes of the cavern to the air which is mixed with its mucopurulent contents. Now precisely the same thing occurs in certain cases of pneumonia with dilatation of the bronchii and induration of the neighboring parts of the lungs. There is, therefore, nothing strange that percussion should produce the same result in either case. You can thus appreciate all the importance of every means of diagnosis and the necessity of not relying exclusively upon the signs furnished by auscultation and percussion. It is well known that persons predisposed to tuberculous disease, intercurrent pneumonia becomes the cause and will open the way for the evolution of tubercles, just as a subluxation in a scrofulous individual becomes the starting point of some severe affection of the articulation. Now, in pneumonia of the summit occurring in a person with tuberculous diathesis, it will happen, that the signs of phthisis following those of pneumonia, the affections will be mistaken one for the other. In such a case we must bear in mind the period when abnormal sounds are heard. When the stethoscopic signs are heard four or six weeks after the inflammatory symptoms of pneumonia have disappeared and that rational symptoms are present, we are to suspect the existence of tubercular disease.—*L'Union Médicale*.

XXVII. TREATMENT OF SUB-MAXILLARY AND SUB-LINGUAL INDURATIONS. BY DR. PONDAM.

In January, 1854, the writer was consulted by a man laboring under great tumefaction of the sub-maxillary and sub-lingual glands, which were now in a complete state of induration. Some two years before he had had two attacks of inflammation of the tongue, the glands remaining ever after engorged. Suffering but little inconvenience he had sought no medical advice; but subsequently the glands increasing and impairing deglutition, he had applied to a Surgeon who prescribed frictions twice a day with mercurial ointment over the tumour. This treatment had been followed for two months without any amelioration; and as he experienced from time to time darting pains in the tumour he called upon the writer who prescribed an ointment of iodide of potassium and the internal use of various discutients. This plan was continued for three weeks without benefit when the following ointment was ordered.

R. Black oxyde of Copper, 3j;
Adeps, 3vj. Mix

To be applied to the indurated glands twice a day. In one week the tumour was not only sensibly softened, but there was a manifest decrease in its volume; and in six weeks—although but two thirds of the ointment had been used—resolution of the indurated tumours had taken place.—*Geneesk Courant.*

XXVIII. TWIN PREGNANCY; BIRTH OF ONE LIVING CHILD, THE SECOND HAVING BEEN DEAD FOR FOUR MONTHS. BY DR. BEDOR.

A woman was confined, on the ninth of November, in the Lying-in Department of the Hotel Dieu of Troyes, of twins, presenting extraordinary peculiarities. The mother, aged 32 years, of good conformation, had had safely gone through four accouchments. Mad. RICARD, the Midwife of the Hospital, was in attendance. A female child, evidently at full term, well formed and possessing the external attributes of perfect health was born. The placenta, in the centre of which was implanted, the cord soon followed the delivery of the child. There was nothing to lead to the thought of a second child; and the midwife was about leaving the patient when she complained of abdominal pains. The uterus was now carefully examined, a child was extracted, and, soon after, the placenta. The child—a male—was about in the fifth month of development, and, as well as its annexes, was in an advanced stage of decomposition. This tardy delivery of a fœtus at least four months dead and decomposed, with its annexes in the body of the mother, without this latter having been the least affected by it, and the simultaneous birth of the twin sister of this little cadaver, full of life and in the enjoyment of excellent health, cannot be viewed else than an extraordinary case.—*Gazette Medicale de Lyons.*

Bibliographical Notices.

Positive Medical Agents: being a Treatise on the new Alkaloid, Resinoid, and concentrated Preparations of Indigenons and Foreign Medical Plants. By authority of the *American Chemical Institute*. 8vo. pp. 210. From B. KERTH & Co., 582 Houston Street, New York.

The volume promised some time since by the enterprising Druggists, on the corner of Broadway and Houston Street, and to which we alluded in a late Number of the *LANCET*, is now before us, and its gay and ornamental cover and gilt edges forms a pleasing contrast with the sober-looking leather and cloth-covered publications crowded upon our Table. But it is not only its external appearance that commands our encomiums, its contents are equally pleasing though far more valuable. It is a treatise—short, yet sufficiently comprehensive—on the history and properties of the new remedies this House has, for several months past, offered to the Profession, and which we are pleased to know are coming somewhat into extensive and well-merited favor. We have on several occasions spoken of the little experience we have had in the use of these remedies, and the benefit derived from them, and with this Volume before us, we doubt not but that we can make considerable improvements in our therapeutical appliances. The Author—he need not be so modest in withholding his name—is evidently a sound thinker and an experienced practitioner.

KERTH & Co., the original publishers, having disposed of their interest to C. B. NORTON, of 71 Chamber-street, orders should be addressed to him, and we honestly believe no one will regret the little outlay required to secure this Treatise, after having bestowed on it a careful perusal, and on some, if not all, the remedies a fair and liberal trial.

Healthy Skin. A Popular treatise on the Skin and Hair; their preservation and management. By ERASMUS WILSON, F. R. S., etc. Second American, from the fourth and revised London Edition; with illustrations. Philadelphia: BLANCHARD & LEA, 1854. 12 mo. pp. 291, cloth. From the Publishers.

This little Volume, now in its fourth edition, is not specially designed for the Profession, on the contrary it is more particularly adapted to the comprehension of the community at large, and is one that will well repay a close and careful perusal in whomsoever's hands it may fall. Numerous diseases—both local and general—would be avoided if the Profession as also the public devoted a little more attention to small things, such as the tegumental covering and its appendages, and a little less to large things of no practical moment whatever. Here will be found plain and reliable directions how to keep the skin in a healthy condition; how, the moment disease of this extensive surface appears, it may at once be arrested, and the development of protracted and rebellious cutaneous affections thwarted. Every thing is described in a plain though scientific manner, while

the style of the Author is easy and agreeable, and he gives us many valuable and interesting facts. The "disease-marks" upon the nails are certainly very curious; and if subsequent observations confirm the fact, a knowledge of this small circumstance will prove of much satisfactory importance in determining the pre-existence of disease, and the period that has elapsed since recovery has taken place. Much useful information is given in relation to the management, cultivation, etc., of the hair. The *mustachio* is not neglected; and we are pleased to see that the learned and discerning Author is above the prejudice of "fashion," and is bold in his expression that "it is a natural respirator, protecting the lungs against the inhalation of dust, cold, etc." We have always preached and practiced this doctrine, and with the intermission of but a few months—two years since—we have lived with our "great beard," regardless of the remarks of those who dare not or "can't come it," being fully satisfied of the benefit we have derived from wearing this natural appendage. And although of a slight frame, the exposures incident to country practice, and our remarkable immunity from all and every affection of the respiratory organs, is proof conclusive to ourself and others that the moustachio was not intended solely for the "bold dragoon" and "gay huzar." In every case of disease of the air-passages our patients have uniformly derived unexpected and marked advantage, from breaking through the "rules" and discarding the razor. The custom is prevailing to a considerable extent throughout the Profession, and its members are the ones who should set the example, and lead the way in the "beard movement." We may on some future occasion return to this subject; and, till then, we say to our Readers if you wish to be strangers to sore-throats, coughs, catarrhs, etc.; if you are not "particular" about swallowing any quantity of dust, and, lastly, if you would be saving of time and money, interfere not with Nature's designs, but just cultivate a luxuriant moustachio.

Principles of Comparative Physiology. By WILLIAM B. CARPENTER, M. D., F. R. S., Examiner in Physiology and Comparative Anatomy in the University of London; Professor of Medical Jurisprudence in University College; President of the Microscopical Society of London, etc. With three hundred and nine wood-engravings. A new American from the Fourth and revised London Edition. Philadelphia: BLANCHARD & LEA, 1864. 8vo. pp. 762, cloth. From the Publishers.

Well do we remember when the first Edition of this very excellent book—now grown to be of commanding dimensions and of commensurate importance—appeared in 1839, under the auspices of the distinguished London Publisher, CHURCHILL, as a modest small octavo with a diamond-cloth cover. The favour with which it was, on its issue from the press, received by the Profession, proved to the Author—still a very young man, and fresh in his College honours—that his labours were appreciated; and consequently, a second Edition was called for in 1841. The present is a copy of the enlarged fourth English Edition, and is but one portion of the original work, another Treatise upon General Physiology being promised. Dr. CARPENTER is not an original writer; he has contributed but little to

the immense stock of physiological science now in the medical market; but he is a most able compiler, an indefatigable student, a close observer, and one endowed with the soundest discrimination and trained mind. He is in England, what JOURDAN is in France, and DUNELSON in America—men who have placed the Profession under lasting obligations for the talent and industry with which they group together the facts, observations, and experience of the Profession at large. We cannot too strongly recommend this Volume to the consideration of our Readers, both old and young, but more particularly to the student. Anatomy and Physiology now-a-days go hand in hand; and we know of no work where more sound information, couched in the most pleasing and attractive style, can be obtained than in this new Edition of CARPENTER's Principles.

The Anatomy, Pathology and Physiology of the Human Teeth; with the most approved methods of treatment; including operations and the method of making and setting artificial teeth. With thirty plates. By P. B. GODDARD, M. D., M. A. N. S., M. A. P. S., Demonstrator of Anatomy in the University of Pennsylvania. Aided in the practical part by J. E. PARKER, Dentist. New York: S. S. & W. Wood, 261 Pearl Street. 1854. 4to. pp. 228, cloth. From the Publishers.

We have repeatedly expressed the high opinion we entertain for the dental Profession, and the many very able men that adorn it. In no Country has Dentistry made such rapid and permanent strides as in this. The ablest Dentists abroad hail from the United States, and the works issued from the American Press is evidence—if any were wanting—that the Dental Art had long since acquired an enviable rank with the kindred Sciences.

The work before us is one of the best we have examined; its copiousness of detail, its practical directions, and excellent illustrations, will make it a favourite for study and reference with all who may have the advantage of its acquaintance. Apart of speaking somewhat knowingly of the merits of this Volume, a friend at our elbow—a very able, clever and experienced dentist, Dr. BIXBY—tells us that it is by far the most practical and complete work he has had the good fortune to peruse, and warmly commends it to the notice of all interested in the study or practice of Dentistry. The Publishers have well discharged their part, the typographical execution is excellent, the plates clearly executed, and the *tout ensemble* forming a Volume alike pleasing to the eye and profitable to the mind.

A Treatise on the Diseases of the Eye. By W. LAWRENCE, F. R. S., Surgeon Extraordinary to the Queen; Surgeon to St. Bartholomew's Hospital, and Lecturer on Surgery to that Hospital; Surgeon to the London Ophthalmic Hospital. A new Edition. Edited, with numerous additions, and two hundred and forty-three illustrations, by ISAAC HAYS, M. D., Surgeon to Wills Hospital; Fellow of the Philadelphia College of Physicians; Member of the American Medical Association, etc., etc. Philadelphia: BLANCHARD & LEA. 1854. 8vo. pp. 948, sheep. From the Publishers.

We plead to negligence in having thus long deferred to notice the reception of the new Edition of this standard and excellent work. This voluminous treatise—948 closely printed pages—is the most complete and learned encyclopedia of Ophthalmic medical and surgical science—brought down to the moment of publication—in any language. The Reader will discover in it numerous important additions, the principal being a history of the Anatomy and Pathology of the Eye as revealed by the microscope; descriptions of some new diseases—and certainly the number was great enough before; a new method of examining the Eye—catoptrix, etc. The text is largely illustrated when required, by over two hundred engravings. Dr. HAYS has done something more than Editors usually do; he is a working and a reading man, and the proofs are not wanting in this Volume to show that he is thoroughly acquainted with Ophthalmology, and knows how and when to bring into play the numerous materials stored away in special and general articles, on this department, throughout the standard and periodical medical press. In conclusion, we have here a vast amount of learning and experience, collected in a volume which is the best as it is the largest of any work upon the Diseases of the Eye and its appendages.

A Manual of Pathological Anatomy. By C. HANDFIELD JONES, M. B., F. R. S., Fellow of the Royal College of Physicians, Assistant Physician to, and Lecturer on Physiology, at St. Mary's Hospital; and EDWARD H. STEVENING, M. D., Fellow of the Royal College of Physicians, Assistant Physician to, and Lecturer on Materia-Medica, at St. Mary's Hospital. First American Edition; revised, with three hundred and ninety-seven illustrations. Philadelphia: BLANCHARD & LEA. 1854. 8vo. pp 618, sheep. From the Publishers.

The medical Profession will hail, with no common satisfaction, the advent of the above entitled work in this important branch. It is true, that numerous others, all possessing more or less ample advantages, have contributed each his share to the building up of this fundamental department of medical Science. Indeed, perhaps, no other department can boast of brighter examples of devotedness and untiring perseverance, nor a more extended array of distinguished names, than that, of which the work, under consideration, though comparatively of modern date, treats; and the Authors of this, among the latest fruits of a richly fructifying branch, have, truly, in the judgement of the writer, made their mark, and an exalted one, too, on the age to which they belong. Certainly, if to have grouped together, analytically collated and scientifically arranged, a summary of ascertained facts, together with the opinions of the most eminent Pathologists, both of the present, and of all past times—"if, to have selected, as far as possible, the best fruits, from the harvest gathered by other laborers, in this wide and interesting field;"—as a perusal of this work, it is believed, will convince the reader, beyond the lingering of a doubt, they have done—besides the addition of a vast amount of observation and deduction, purely their own—if to have done all this, be meritorious, then are they entitled to no common share of praise.

We do not undertake to offer an abstract of the principles and doctrines most ably set forth, in the treatise before us; much less an analysis of them, although did the limits assigned us, permit, no task would be more agreeable—none, more profitable. The present, too, would seem an appropriate period for the production of just such a work as this is intended to be “A Text-Book for the Student in Pathology;” and it may be questioned, whether in any other work, of this or any other age, he can find so much that may be regarded as reliable professional Capital with the same expenditure of time and labour.

The arrangement is logical, and, based, as it is, upon particular systems of organs and tissues, as the Circulatory, Respiratory and Digestive or alimentary, with such associated, as are adjunct or tributary to the functions of such several systems, calculated to convey instruction in such a manner and so connected as to be most easily grasped by the student, and to leave a lasting impression upon his mind.

The style is easy, fresh and vigorous; the engravings appropriate and strikingly illustrative. In a word, it seems to be a complete embodiment of all that has hitherto appeared, whether in works, specially appropriated to the department, of which it treats, or scattered over the pages of the numerous Journals, with which the press literally teems. The execution of the work, as a whole, embracing its typography, the style and character of the engravings and the plain, yet substantial binding, is superior, and reflects much credit upon the enterprising Publishers.

Finally, we bespeak for it, a candid and faithful perusal—nay, more, deep and thorough study, until its principles and doctrines are really possessed, and so possessed, as to be made available, promptly and decidedly, both as regards diagnosis and prognosis, and in deducing accurate and appropriate indications of cure.

E. KANE.

To the Readers of the *Lancet*.

In order to preserve the usual amount of practical reading in this Number of the *LANCET*, we have omitted the Editorial Department—several articles being prepared for it—also the notices of a few more of Publisher's favours. We are now working against time, and trust that with the March Number, completing this Volume, we will be with, if not, before time.

. We would direct the attention of our Readers to the new advertisements in this Number, viz: Prof. EMM's Laboratory, at Burlington; the Circular of the University of New York, and the announcement of the Castleton, Vermont, Medical College.

Lancet Monthly Record.

EXTRACTS FROM THE EDITOR'S *Index Rerum*

Practice of Medicine and Therapeutics.

HERPES.

HOOPING-COUGH.

IODINE.

93. **HERPES.** Obstinate cases of herpetic affections have been cured by washing the diseased part, three times daily, and then rubbed over with : *R.* Powdered Cinnibar, 4 parts; Sublimed Sulphur, 2 parts; Laudanum, 2 parts; Fresh butter, 82 parts, and a few drops of essence of mint.—*QUINTANILLA, Pol. de Med.*
94. **HOOPING-COUGH.** *R.* Acid. Nitrici dil., 3 xij; Tinct. Cardam. Co., 3 iij; Syrup Simpl., 3 iijss; Aq., 3 j. *M.* A dessert-spoonful every one or two hours to a child two years old.—*GIBB.*
95. **b.** *R.* Pulv. Coccos cacti, 9 ij; Pulv. Carb. Potassæ, 3 j; Mosch., gr. viij; Syr. Crocus sativus, Syr. Bals. Tolutani, Mucil. Gum. Accaciæ, aa 3 xss. *M.* Half a teaspoonful for, a child 2 years old, four or five times a day.—*Boston Med. Journal.*
96. **c.** Decided benefit has been obtained from the administration of from 1-4 to 1-8 of a grain of iodide of silver, three times daily.—*PATERSON, Dublin Medical Press.*
97. **d.** Give from 20 to 30 grains of subcarbonate of iron during the day to young children, either in water or syrup, or as ingredient of a cough mixture.—*LOMBARD, Lancette Française.*
98. **IODINE,** to render, soluble in water. Two grains of tannin will effect the solution of ten grains of iodine in six ounces of water. The same result takes place if the water contains syrup of orange.
99. **b.** *R.* Iodini, 3 j; Spts. Vini rect., 3 j. Ft. sol. The solution is to be allowed to stand for some months, in a glass-stoppered bottle, before using it. It is then thick and syrupy, rapidly dries when painted on the skin, and does not spread. It is applied with a camel's hair pencil, one, two, three or more coatings, according to the desired effect. It affords more prompt relief than leeches, sinapisms or blisters in pleuritic stitches, or aching pains in the chest so frequently recurrent in the course of phthisis. It is also beneficial in aphonia and hoarseness; is applied to the mucous membrane of the throat in congestion and enlargement of the tonsils; around the external parts of the eye in strumous inflammation; in all forms of strumous or syphilitic periostitis; and, lastly, it is to be used as injection in cysts and cavities of abscesses, promoting adhesive, but not suppurative inflammation, as in hydrocele.—*Times & Gazette*

IPECACUANHA. NEURALGIA. PEMPHIGUS. PHARYNGITIS. PHTHISIS.

100. IPECACUANHA, new preparation of. Bruise $\mathfrak{z}$ vj of Ipecacuanha root, and macerate for thirty days in $\mathfrak{z}$ xvj of diluted alcohol, shaking it occasionally, then filter and express. The tincture thus obtained is to be evaporated to $\mathfrak{z}$ ij , to which add $\mathfrak{z}$ viij of white sugar, and next triturate in a stone mortar until the mass is quite dry. This extract has the peculiar odour and taste of Ipecacuanha; is of a brownish-yellow colour, and is soluble in water, alcohol, ether, mucilage of gum accacia, etc. in a word, in all the solutions with which Ipecacuanha is generally combined. The dose is the same as of the genuine powdered root. This preparation is especially adapted for administration to children.—DUNN, N. Y. Jour. of Medicine.
101. NEURALGIA, Collodion in Facial. Patient, 56 years of age, and subject to facial neuralgia of both cheeks for about 18 months. Paroxysms of pain of five or six hours duration; various plans of treatment were adopted without benefit. Collodion was applied to the neuralgic points; the patient was better on the 3rd day; improvement was progressive for one week, at the end of which time the paroxysms ceased to appear.—GUERARD, Gazette des Hopitaux.
102. PHARYNGITIS, application for. $\mathcal{R}$. Iodine, $\mathfrak{z}$ ss ; Iodide of Potash, $\mathfrak{z}$ j ; Distilled water, $\mathfrak{z}$ j ; Sugar and Gum arabic, each, $\mathfrak{z}$ ij . Mix, and apply with a camel's hair pencil to the throat whenever there is a tickling sensation or a desire to cough.—MERRILL, Boston Med. Journal.
103. PEMPHIGUS, treatment of. Tonic regimen and generous diet. Arsenic will be found almost a specific even in the worst cases. It does not merely repress the eruption, but corrects the unknown constitutional cause on which the disease depends, and it always benefits the patient's health. It does not prevent the liability to subsequent attacks, but they are always much less severe than the original one, and tend, if treated by the same remedy, to diminish in intensity on each successive occasion. The early age of the patient does not forbid the arsenical treatment.—STARTIN, Med. Times & Gazette.
104. PHTHISIS, cod-liver oil and tonics in. $\mathcal{R}$. Tinct. Ferri sesquichlor. gtt , x ; Acid. Nit. dil., gtt , x ; Syr. Zingiberi, $\mathfrak{z}$ ss ; Aq. Ment. Vir., $\mathfrak{z}$ j . Ft. haustus. The cod-liver oil is to be given in $\mathfrak{z}$ ss doses, in the above draught; it is more agreeable to the palate, whilst the combination of the mineral tonics have been found of great advantage in arresting the progress of the disease.—R. BENNETT, London Lancet.
105. b. Iodine Inhalations in. 1. The inhalation of the vapour and tincture of iodine is useful in the cure of phthisis; 2. In many cases it is followed by a diminution in the extent of the in-

GONORRHOEA.

HEMORRHOIDS.

durated parts surrounding tuberculous deposits, and an amelioration in the general symptoms; 8. It is probable that the tubercle itself disappears under the influence of iodine inhalations; 4. That inhalations may promote the cure of tuberculous cavities; 5. That after softening the tubercles, the result-cavities may cicatrize spontaneously; 6. That compression of the thorax over the points of disease indicated by percussion and auscultation, may contribute to the cure of local lesion, and to the prevention of pyæmia; 7. That iodide of potassium administered internally, and frictions with diluted tincture of iodine over adherent portions of the lungs, are also of great utility;—PERRY, Bulletin de Academie de Medicine.

106. c. to arrest the vomiting in. R. Naphthæ Medicinalis, ʒj; Tr. Cardam. Co., ʒj; Mist. camphoræ, ʒviij. M. A tablespoonful to be taken every four hours. Emetics have proved of no benefit,—BENNETT, on Tuberculosis.

Practice of Surgery.

107. GONORRHOEA. R. Peppermint water, 128 grammes; Copaiba, 80 grs.; Subcarbonate of Soda and Sulphuric Ether, 2 grammes each; Syrup, 85 grammes. Two tablespoonfuls to be taken in the morning.—L'Abeille Medicale.
108. b. R. Copaiva, 1 part; cubebs. 2 parts; Essence of snout, sufficient to make an electuary. Half an ounce of this is to be taken during the day.—VIDAL.
109. c. Clear the bowels with Sulphate of Magnesia, then give a tablespoonful of the following mixture three times a day: R. Spts. Lavend. Co., ʒj; Spts. Nit. dulci, ʒiij; Bals. Copaibæ, ʒiiss; Spt. Vin. Holland, Oss. M.—Boston Journal.
110. HEMORRHOIDS. R. Ol. Terbinthinæ, ʒss; Tinct. kino, Syr. Zingiberi, aa, ʒj; Aqua Cinam. Aq. Fort. aa, ʒiij; Mucil. Gum. Accaciæ, q. s. This dose to be taken two or three times a day in cases where piles bleed profusely, and induce anæmia and debility.—OKE, Association Med. Journal.
111. b. Mucous membrane of anus everted with several hemorrhoids attached to it; the pain was so severe notwithstanding the use of fomentations, that no pressure could be borne, nor any attempt made to return them. The vapour of Chloroform was applied by the douche for several minutes, this produced so soothing an effect that the tumours could be pressed within the sphincter without causing any uneasiness.—FORREST, Dublin Med. Press.



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CONTENTS

ORIGINAL ARTICLES

SYMPOSIUM

NOTES

Subscription and circulation information

Clinical Department.

Clinical Lectures on Diseases of Women and Children,

DELIVERED IN THE UNIVERSITY OF NEW YORK BY

Professor Gunning S. Bedford.

REPORTED FOR NELSON'S AMERICAN JOURNAL,

By T. A. GREGORY, M. D.

LECTURE XLVI.

Mother's milk the proper nourishment for the infant; Analysis of human milk, contrasted with that of the cow and goat; causes which disqualify the mother from nursing her child; Requisites necessary in a wet-nurse; absurd practice of *cramping* wet-nurses; bringing up the infant by hand, rules for; when should the child be weaned? Fashionable mothers, neglect of the young infant; milk deteriorates by being retained in the breast.—Jaundice in a woman seven months pregnant; why is Jaundice dangerous to the Fetus? How is the blood which, passes from the system of the Fetus through the umbilical arteries, elaborated in the placenta? Fetal circulation; transmission of hereditary disease; puerperal convulsions.—Vaccination, origin of; is re-vaccination necessary? Does vaccine lose its efficacy by transmission? At what age should an infant be vaccinated? Mode of vaccinating; is it proper to vaccinate during the existence of a cutaneous disease? Signs of genuine vaccination; spurious vaccination.

Mother's Milk the proper nourishment for the Infant; Analysis of human milk, contrasted with that of the cow and goat; causes, which disqualify the mother from nursing her child; Requisites necessary in the wet-nurse; absurd practice of *cramping* wet-nurses; bringing up the the Infant by hand, rules for; when should the child be weaned? Fashionable mothers, neglect of the young infant; milk deteriorates by being retained in the breast.

GENTLEMEN;

I have told you that the parent's milk is the proper nourishment for the new-born infant, and also how important it is to the health of the mother, when not contra-indicated by disease or other circumstances, that she should nurse her child. Milk, whether in the human subject or in animals, is composed essentially of the same elements, the difference being only in the relative proportion of these constituents; and to us it is an extremely interesting fact that the proportion of these constituents, as a general rule, varies according to the special necessities or wants of the young of the particular animal. But, perhaps, you can better appreciate the fact by analysing the following table, which furnishes the relative

proportions of the elements found in the milk of woman, the cow, and goat:

	Casein.	Sugar.	Butter.
Human Milk,	82	36	29
Cow's —,	68	28	40
Goat's —,	80	40	40

There is, as you perceive, a striking difference in the proportions of the principle constituents, the caseine, sugar, and butter; for example, in human milk the caseine is to the sugar and butter as 82 to 65—in the cow the caseine is as 68 to 68; whilst in the goat it is in the proportion of 80 to 80. You cannot, certainly, as intelligent Students, observe this variation in the milk, without asking why this discrepancy in the relative proportions? The solution of this question is not only important, but is full of interest. Whilst in human milk the proportion of caseine is 82, in the milk of the cow it is 68, and the reason of this difference is that the calf almost simultaneously with its birth walks, and, therefore, the necessity for an early development of muscular fibre, which is accomplished through the caseum of the milk. The new-born infant on the contrary, does not walk, does not, need this early growth of muscular tissue, and, therefore, nature has not, felt the necessity of supplying it with the same quantity of caseine. But, again, the new-born infant, though it does not need rapid muscular development, receives relatively a larger supply of respiratory food, and hence the remarkable disproportion of caseine and respiratory food, in the milk of the human female and cow—in the former it is as 82 to 65, whilst in the latter it is as 68 to 68. I need not pursue this inquiry further, Gentlemen, to impress upon your minds the constant evidences furnished by Science of the beauty, harmony, and wisdom displayed by the Creator, in the adaptation of means to the wants of all living things.—It is an edifying subject for contemplation, and is replete with rebuke to those who, in their ignorance or stupidity, have charged upon our Profession, the unfounded slander that its study leads to infidelity!

The Study of Medicine, so far from leading to infidelity, is constantly developing truth, and bringing before the mind the irresistible proof of design—and, therefore, its direct tendency is unequivocally to direct thought to the Divine source, from which emanate all the wisdom and perfection in arrangement.

Although, all things being equal, it is far better, both as regards the well-being of mother and child, that the infant should nurse its parent, yet there are certain conditions of the maternal system, which would not only not justify this duty, but which imperatively require that it should not be performed. Among these conditions may be enumerated the following: Consumption, scrofula, hæmoptysis, syphilis, dropsy, any of the cutaneous diseases, an irascible temper, etc. If, therefore, any circumstance should forbid the nursing of the infant by its mother, the question arises—what is the best substitute for the parent's milk? Why, undoubtedly the milk of a healthy wet-nurse; and this leads me to make

a few observations touching the qualifications of an efficient and healthy nurse. 1st. As a general rule, a woman is most competent to fulfil this duty between the ages of 20 and 35 years; 2d. She should be free from all existing or hereditary disease, and possess a cheerful and agreeable disposition; 3d. Her child should not be more than two or three months older than the one she takes to nurse—and usually it is better, especially when a new-born infant is to be nursed, that the milk of the wet-nurse should be as recent as possible; 4th. If the menstrual evacuation should have returned, it is, I think, an objection, although this is not the universal opinion. It does seem to me that the catamenial discharge, if it exercise no other bad effect, diminishes the quantity of the phosphate of lime in the milk, and which we have seen is material to the wants of the young infant; 5th. It can scarcely be necessary to say that pregnancy contra-indicates the propriety of nursing; 6th. Good teeth, healthy gums, a sweet breath, and personal cleanliness are essential requisites for a good nurse; 7th. It is extremely important to ascertain that both breasts are in good condition, for sometimes there is milk only in one breast, and in this case the child must suffer. 8th. Are the nipples healthy—are they developed, so that the infant can grasp them readily? 9th. Is the milk of proper quality, and is it nourishing? One of the best evidences of the affirmative of this question is the child of the nurse—if it be healthy, well developed, and presents all the indications of a thriving child, this is pretty strong testimony that the milk is of good quality.

There is a very simple mode of testing the quality of the milk, which may be done in the following manner; Place a drop on the finger nail, having the nail somewhat inclined, and if, when it falls from the nail it leave a whitish mark, it is good; again, if in pouring two or three drops of milk into a glass of water, the water should become slightly clouded, and gradually afterwards become clear, it is an evidence that the milk is of proper quality. 10th. As a general rule, women from the country make better wet-nurses than those reared in the city. The milk of a healthy and efficient nurse is oftentimes materially injured by the too prevalent error of over feeding. A woman, for example, accustomed to plain but nutritious diet, and under such diet, in the enjoyment of robust health, is selected by some family of wealth as a wet-nurse. With the natural anxiety of the parents that their infant may thrive, every care is taken to cram the nurse with the richest food—and in addition she is well supplied with porter, toddies, etc. At the same time that her diet is thus suddenly changed, there is also a marked change in her habits. Previously, with a wholesome diet she was accustomed to constant exercise in the open air, and enjoyed uninterrupted health—now, under a species of stuffing, she is confined within doors, and becomes, as it were, a sort of fixture in the nursery. What, under such a condition of things, can be expected but deranged health, and milk unsuited to the wants of the infant? A little common sense and reflection would suffice to show that instead of deranging the system by filling it with food it cannot digest, and curtailing the exercise to which it had been accustomed, every pre-

caution, on the contrary, should be taken to preserve the health by nutritious but simple food, and adequate daily exercise, etc. Let us now suppose, however, that the mother cannot nurse her child, neither can a wet-nurse be obtained—what, in such case, is to be done? The infant must then be brought up as it is familiarly called *by hand*. On account of the facility with which it can be obtained, fresh cow's milk is the most suitable article for food for the young infant—but if you will only remember, Gentlemen, the analysis of cow's milk when contrasted with human milk, you will readily understand why it should undergo a modification in order that it may be suited to the system of the infant. In cow's milk, there is an excess of caseine with a comparative diminution of saccharine matter—therefore, in order to diminish the former and increase the latter let the milk be diluted at first with two thirds water, adding to it sugar for the purpose of supplying the deficient saccharine material—in the course of two or three weeks, let the dilution be one half water to one half milk—and in the course of a month the infant may take the milk undiluted. It may also be mixed with barley water, rice water, carefully prepared gruel, strained panada water, etc. Great care should be taken in the preparation of the infant's food—and not more should be provided at a time than can be consumed by the child—this latter precaution will necessarily involve some little trouble, but the mother whose special duty it should be to supervise the preparation of her child's food, will be abundantly compensated for any trouble it may involve by securing to her infant what is most to be desired—good health. Many an infant has been sacrificed for the want of proper care in this particular, and a constant supervision, therefore, should be exercised. The child should not be fed with a spoon, it is far preferable to let it suck from a bottle, the *biberon* as it is termed, through a cow's teat, or a gutta percha teat, or what is now found an excellent substitute, a teat made of softened ivory—the advantage of this latter is that it is liable neither to alteration nor an unpleasant odor, and is kept clean without difficulty.

When should the infant be weaned? This is an interesting question, and its solution depends upon a variety of circumstances—such for example, as the health of the mother or nurse, the health of the infant itself, the season of the year, etc. If the mother have a good breast of milk, and she suffer no inconvenience from nursing, she should not wean her child, as a general rule, under a year, and it is important to select for this purpose, if possible, the season of the fall or winter. I do not mean to be understood to say that the child, if nursed for a year, should be confined rigidly to breast milk during that period. On the contrary, nature very broadly indicates when the infant may take with impunity other diet—and this is when dentition has fairly commenced, and the first teeth have pierced the gums. The teeth are intended for a special purpose, not to bite, but to masticate the food before the process of deglutition is called into action. Fluids do not require mastication, and, therefore, it is in obedience with the councils of nature to give the child, as soon as it has cut the first teeth, something more substantial than fluids.

But what shall this food consist of? The breast of chicken, lamb-chops, tender beef, etc., chopped into the minutest possible fragments may be given, very little at a time, with decided benefit say at 8 or 9 months, if there be nothing to contra-indicate this change. But before that time the infant may take nicely prepared chicken or beef-tea with the crust of bread, or cracker softened and broken up in it. All this, however, is a matter of judgment, which must depend upon the individual circumstances, which may surround each case.

In concluding these general remarks upon the subject of lactation, I may observe to you that in all cases in which an infant at the breast fails in its health, without any ostensible cause, it will become necessary to ascertain whether it may not be owing to the improper character of the milk—for, remember, that this is not unfrequently an occult cause of the decline and death of the child. The milk, for example, may be too rich, or it may be deficient in its ordinary elements—in either case it will prove injurious, and you perceive, therefore, how important it is to ascertain the existence of either of these circumstances, in order that the necessary remedy may be promptly applied, viz:—the substitution of another nurse or the weaning of the infant. You are not, Gentlemen, hastily to infer that, because a child languishes in health, it, therefore, necessarily requires medicine. Thousands of children have found an early grave from this false reasoning, and the equally false practice which it has suggested. You all remember the case of the little child, one month old, which was brought to the Clinique some time since—it had, since its birth, been affected with diarrhoea, and the intestinal irritation resulted in convulsions. The child had received no nourishment but its mother's milk; on examining the milk we ascertained that it was loaded with *coliform*, the peculiar uses and nature of which we have already discussed. We directed the mother to procure a wet-nurse for her child. This was done, and you have not forgotten that the infant was returned to the Clinique, perfectly restored. Not one atom of medicine was administered, for the simple reason that it was not needed. The disturbing cause was the improper food—this was changed, and the child, as a matter of course, recovered.

There is an extremely interesting fact connected with lactation to which it is important, for the moment to allude. It has been shown that milk drawn from the cow only *once* in 24 hours is not only less abundant and rich in butter, than when taken every 2 or 10 hours, but, also, that the milk first drawn in the pail is always more serous, whilst that which is taken last becomes richer in cream. It is impossible with these facts before us, not to deduce from them a principle absolutely essential to the health of the infant. Some fashionable and wayward mothers, forgetting that their first duty should be to their child, are in the habit of allowing a long interval to intervene between the application of the infant to the breast—for example, the well adjusted toilette cannot be deranged, the child must wait until its thoughtless mamma has gone her rounds of outdoor visits, or completed the period allotted to her brilliant home recep-

tions. Oftentimes, in this way, many hours elapse, and the child, though hungry and suffering, is not put to the breast, if, indeed it even have a thought passed upon it. Under these circumstances, the milk becomes changed, it is unfitted for the nourishment of the infant, and the latter, neglected by its parent, languishes and dies! What a commentary upon the follies of life—what a sad picture of maternal heartlessness! But thank God, these examples are comparatively few and become, as it were insignificant in contrast with the undying love, and self-sacrificing devotion so generally exhibited by mothers towards their offspring. In a healthy breast, the secretion of milk is in proportion to the frequency with which it is emptied—so that, a strong child, with suction sufficient to obtain a full draught of nourishment, receives a much more nutritious fluid than the delicate infant whose powers are so feeble as scarcely to enable it to extract more than a middling each time it is put to the breast. I am confident that this condition of things is often the cause of continued bad-health in the child, a cause, too, which usually escapes observation. In all such cases, the mother should be instructed to have her breasts drawn two or three times a day by another child, or what will do equally well, a pup, so that when her own child nurses it may be furnished with suitable aliment. This is an important direction which, if faithfully carried out, will be the means of protecting many an infant from the supposed necessity of medication, and preserving its life by providing it with what it is most in need of—proper nourishment. You see, Gentlemen, how much depends upon just discrimination, and how frequently and rashly we employ medicine without the slightest indication for its use.

Jaundice in a woman seven months pregnant. Why is Jaundice during pregnancy dangerous to the Fœtus? How is the blood, which passes from the system of the Fœtus through the umbilical arteries, elaborated in the placenta? Transmission of hereditary disease. Mrs. T., aged 28 years, married, seven months in gestation, presents an example of aggravated Jaundice. She is as yellow as an orange, and the whites of the eyes deeply tinged with bile. How long, my good woman, have you suffered from Jaundice? I began to turn yellow, Sir, about six days ago, and I have been getting worse every day. How is your urine? It is just like saffron, Sir. Do you feel sleepy? Yes Sir; I can scarcely keep my eyes open, I am so heavy and dull. How are your bowels? They are very much confined, Sir. Have you noticed the colour of your evacuations, when any thing passes from you? Yes Sir, what I pass is like lumps of clay.

There are, Gentlemen, several points of interest in this case, to which it is important briefly to allude. In the first place, this patient is laboring under a severe attack of Jaundice, a disease under ordinary circumstances, perfectly manageable and without danger; yet it will sometimes assume a serious aspect, and if not properly treated may result fatally. In Jaundice, the bile does not in its usual abundance pass through the

ductus *communis choledochus* into the duodenum, but mixes with the blood, and in this way the yellowness of the cutaneous surface is accounted for. It is an interesting fact for you to remember that, as a general rule, when the skin is of a deep yellow in this disease, it is a more favorable symptom than when the colour is light and undefined; usually in these latter cases, it has been found that Jaundice is the result of some serious organic affection of the liver, and more especially of schirrus of that organ. Again, in these cases, bile is generally observed in the fecal evacuations, and very little, if any, in the urine. When this latter secretion is loaded with bilious matter, it may be regarded as a favorable indication for the reason that an outlet is furnished for the passage of the biliary secretion which would otherwise be in such rapid accumulation in the blood as to depress the powers of the system, and more especially the Brain. In severe cases of Jaundice, when the disease proves fatal, death usually ensues from coma—this latter condition being the result of the action of the biliary poison on the cerebral mass. Sometimes, however, death will be preceded by convulsions, and in this case the poison acts not on the brain, but on the *medulla spinalis*, for you have been told that convulsive muscular movement cannot occur except as a consequence of irritation, direct or indirect, of the spinal cord. You see from this how important it is in all cases in which the bile becomes absorbed into the circulating fluid, and, therefore, an irritant, that prompt measures should be adopted to restore the biliary secretion to its legitimate channels, and thus protect the system against harm. But, Gentlemen, there is a special point of interest in the patient before us to which I have as yet made no allusion—she is in her 7th month of gestation, and consequently is surrounded in this attack of Jaundice by more than ordinary danger, both to herself and the Fœtus she carries in her womb. If she be not relieved, the fear to herself will be two-fold—either coma or convulsions. Again, if this biliary poison be suffered to remain in her blood the Fœtus will be exposed to imminent peril, and it may be destroyed either by convulsions, or imperfect nutriment in consequence of the unhealthy condition of the mother's blood. Let us for a moment examine the subject. When describing to you the Anatomy and offices of the placenta, I told you that this mass is divided into a maternal and fetal surface—and that it possesses in its structure, which is composed essentially of blood vessels, two circulations which are entirely distinct and independent of each other. On the maternal surface, the circulation is carried on through the utero-placental vessels—whilst on the fetal surface, it consists of the passage of blood through the vessels of the umbilical cord, the two arteries and one vein. There is between these two orders of vessels on the maternal and fetal surfaces, no continuity of canal; that is, the vessels in the fetal surface have no direct communication with those on the maternal surface—but, at the same time, the radicles of the umbilical arteries and vein communicate with each other by direct canal, and in the same way do the utero-placental vessels communicate

with each other on the maternal or uterine portion of the placenta. Now, with a simple glance at the manner in which the blood circulates through the system of the Fœtus, and is again returned to the placenta, you will be prepared for the question—how is the blood, which is brought back to the placenta elaborated? The blood-vessels immediately engaged in the fetal circulation are those found in the umbilical cord, viz: one vein and two arteries. Though called a vein, yet this vessel possesses the function of an artery, for it conveys arterial blood, from the placenta to the Fœtus—and in the same way, the umbilical arteries perform the office of veins, for they return the blood which has lost its nutritious properties in its round through the system of the fœtus, to the placenta. When the blood is thus returned to the placenta for the purpose of becoming purified, it does not pass into the system of the mother, for you have just seen that there is no direct communication between the fœtus and mother—but the elaboration is accomplished as follows; the blood in the radicles of the umbilical arteries receives, through a species of percolation, oxygen and albuminous matter from the maternal arteries, and thus becoming as it were decarbonized it again enters upon its round of circulation through the Fœtus, being immediately taken up by the radicles of the umbilical vein. From what has been said, it must be evident to you that when the blood of the pregnant woman is impure, either from the accumulation in it of bile, or any other poisonous matter, the Fœtus which is nourished by that blood must necessarily be exposed to more or less danger; and you cannot also fail to perceive how directly the elements of hereditary disease may be transmitted from mother to child. Scrofula, syphilis, phthisis, carcinoma, etc.,—all of which I hold to be the offspring of constitutional taints—are thus propagated to the Fœtus. It is no argument to say that this is not so, because these affections do not develop themselves until long after birth, for though the predisposition, or, if you choose, the elements of the disease are there, yet they await oftentimes for years the influence of an exciting cause, which unhappily calls them into action, and frequently with the most distressing results. There is another interesting question connected with the condition of the blood in the pregnant female, and it is this—it is not uncommon to find women attacked with eclampsia or puerperal convulsions, bring forth dead children; sometimes when the child is not destroyed, it will itself have convulsions immediately after birth; I have seen two remarkable cases of this kind, which have already been reported. With the doctrine that convulsions are but the results of irritation upon the spinal cord, either through poisonous blood or some other influence, the explanation of the transmission of the convulsive movement to the Fœtus is readily explained. The poisonous elements contained in the mother's blood are communicated to the embryo through the act of percolation of which I have spoken—and these elements will produce, *ceteris paribus*, morbid effects on the latter precisely similar to those observed in the system of the mother.

Treatment. I shall order for the patient before us the following treat-

ment: Let her take the subjoined powder to night, and in the morning ʒij of Epsom salts and ʒj of magnesia in ʒij of water:

R. Sub-mur. Hydrarg. gr. x:
Pulv. Ipecac. gr. j. M.

After she has been freely operated upon by this medicine, should the yellowness of the skin still continue, she will be much benefited by alterative doses of mercury under the following form:

R. Hydrarg. c. creta gr. xij; Divide in chartulas. vj.

One powder to be taken every third night, followed the next morning with ʒj of epsom salts.

Vaccination of an infant aged three months. Mrs. J., the mother of one child, three months old, brings her infant to the Clinique to be vaccinated; she says she is much alarmed, because there is a case of small-pox in the neighborhood.

The subject of vaccination, Gentlemen, is one which deserves full attention. You are aware of the circumstance, which led to the important discovery that the introduction of vaccine matter into the system is a protection against small-pox. The circumstance to which I allude is this—In the latter part of the last century, the fact was observed that cows are subject to a peculiar pustular eruption on their teats, and that those engaged in milking them, if they contracted the eruption, enjoyed an immunity from small-pox. This, as you may readily imagine, was a fact of too much moment to be passed by in silence, and accordingly under the able observation and experiment of Dr. EDWARD JENNER, the simple circumstance, noticed in the humble milk dairy, has become not only a matter of History, but has constituted an important and interesting era in our profession, and has greatly diminished the bills of mortality by pointing out to us the means of protecting the human family against a most fearful and loathesome disease. JENNER, in the pursuit of his investigations on this subject maintained the following points: 1st. That the essential difference between cow-pox and small-pox is the comparative virulence of the two affections, the cow-pox being the milder form; 2d. That persons vaccinated with matter taken from the cow, resisted inoculation by variolous matter. 3d. That the preservative influence of vaccination against small-pox is perpetual in the same individual, and, therefore, re-vaccination is not necessary.

This latter proposition has, within recent years, called forth much dispute, and there still exist differences of opinion on this subject. Those who contend that JENNER was in error base their argument upon the fact that in certain epidemics of small-pox, persons who had previously been vaccinated became affected with the disease; and they, therefore, conclude that after a certain time the vaccine matter loses its impression on the system, and that re-vaccination is absolutely necessary. In whatever way this question may ultimately be decided, one fact seems to be abundantly proved, viz: that small-pox is comparatively extremely rare after vaccination, and that it always assumes a milder type. It seems to me,

however, that the necessity of re-vaccination depends strictly upon the solution of the following question—when small-pox occurs after vaccination, is the proof positive or equivocal as to the character of the vaccination, or, in other words, was the vaccination genuine, or was it spurious? If the latter, nothing surely is proved—if the former, it is demonstrated simply that after genuine vaccination an attack of small-pox is possible. But in order to give this latter admission its true value, and derive from it practical deductions, it is material to investigate the subject further with the view of another development, viz: How stands the proportion of cases in which small-pox occurs after healthy vaccination with the proportion in which the vaccine proves a preservative against the affection? Suppose, for example, it should be shown that this proportion is insignificant; then, it appears to me, all that can be proved is that an attack of small-pox after a genuine vaccination is nothing more than a rare exception to a very general rule. Again, is it not a well ascertained fact that an individual may have a second attack of small-pox? Undoubtedly. But this, too, may be regarded as a very rare exception. If, in a word, the disease itself, under certain circumstances, may be reproduced in the same individual, it would seem absurd to claim even for genuine vaccination, what is not conceded to a first attack of small-pox—viz: universal protection. But, Gentlemen, the popular mind is in favor of re-vaccination—and now it becomes a question whether you are justified in pandering to popular prejudice by repeating the operation. My answer to this query is a very plain one—no bad results follow re-vaccination, and as it may sometimes prove useful, more especially in cases in which the first vaccination was spurious, and as it quiets apprehension, you should not refuse to re-vaccinate when importuned to do so.

Does vaccine lose any of its efficacy by long-continued transmission from one to another? It is maintained by many that it does—and it is, therefore, suggested that the vaccine should be taken, at certain intervals, from the cow, in order that its full effects may be ensured. This is a point, however, about which there is some doubt—and there are valuable statistics recorded, which tend simply to show, that the continued transmission of the vaccine from person to person does not subject it to deterioration. In connection with this subject it may be stated that matter taken fresh from the cow, when inoculated into the system, is usually followed by mere constitutional disturbance, than in vaccination under ordinary circumstances; so that whilst, under the influence of continued transmission, its activity may, so to speak, become somewhat diluted, yet it is by no means proved that it also becomes inefficient. *At what age should an infant be vaccinated?* There is much difference of opinion on this subject—some say at 10 months, others at 6 months, others at 4 months, and others again at 2 months. It is very evident that in the event of an epidemic of small-pox, or even of its existence in the sporadic form in the immediate neighborhood, the question of age should have no influence—

the great question being, the protection of the child against the affection. Therefore, in such case, the vaccination should not be delayed, but be had recourse to immediately, even if the infant be but a week old. As a general rule, if the bad-health of the child should not contra-indicate it, I vaccinate from one month to six weeks of age. This, I think, a judicious period for the operation, and one thing is very certain, if without sufficient cause, the vaccination be delayed beyond this time, and small-pox should by any possibility develop itself, the physician would never be forgiven, and for all time he would be held accountable for any result that might ensue. This latter consideration, therefore, is the absence of any valid objection to the practice is, in my judgment, a good argument in favor of early vaccination. When the choice of season can be consistently made, I think the Fall and Spring preferable to the Winter or Summer. It has been shown that no age is too advanced for vaccination and that it will succeed at any period of life, provided the individual has not been attacked with small-pox.

Mode of vaccinating. This is a simple operation, but yet it requires some care. So far as the ultimate result is concerned, it matters not on what part of the body the virus is introduced—but as a general rule, the arm is selected just below the Deltoid muscle. It is customary with some practitioners, more particularly among the Germans, to insert the vaccinating virus into both arms at the same time, or if confined to one arm, to make several incisions at a little distance from each other, in order to insure a number, say three or four, vesicles; and it is even asserted by high authority, that consecutive small-pox never occurs in cases in which there are over four cicatrices from the first vaccination. All that I can say on this subject, is that, according to general experience, I believe, it will be found that, if the matter be genuine and fresh, and it be properly inserted, the system will be abundantly protected by one vesicle—and with the latter, the constitutional as well as the local disturbance will be much less than when there are several punctures, and consequently several vesicles. The matter employed for this purpose may consist of the lymph taken from the vesicle between the 6th and 10th day—though the lymph is considered purest and most fit for use when taken between the 6th and 8th day; or a paste may be made of the scab, which exfoliates and falls off between the 18th and 25th day. The latter I much prefer to the lymph, for it is much more under control, and may be preserved for a longer time, and with less difficulty than the lymph. If the latter be employed, the following is the mode to be adopted: The point of an ordinary lancet is to be gently introduced into the vesicle between the 6th and 10th day, and then the lymph is received on the convex surface of small pieces of quill prepared for the purpose. Some practitioners, however, prefer introducing the lancet into the vesicle, and having both sides of the point armed with the virus, make a small puncture in the arm of the infant to be vaccinated; this, though an old mode of vaccinating, and one still in fashion, is not thorough. I much prefer if the lymph be

used, to have it on the quill, and then with the lancet very slight scarification of the arm should be made, crossing the lines at right angles; as soon as this is done, the convex portion of the quill should be gently rubbed over a scarified surface—the matter in this way is more perfectly absorbed. If the scab be employed, it is first to be made into paste with cold water and then introduced upon the scarified surface. After the vaccination, the arm should be exposed to the air in order that the surface may become dry, and also that the virus may not be removed by the friction of the dress. After this, all that is necessary is to place loosely around the arm a small bandage of old linen.

Is it proper to vaccinate during the existence of a cutaneous disease? On this subject there is much discrepancy of opinion. Some maintain that the vaccine vesicle will modify, and even remove any cutaneous affection that may exist—whilst others state that an eruptive disorder, no matter of what kind will prevent the absorption of the vaccine virus, and, therefore, nullify its protective influence against small-pox. JENNER himself entertained this latter opinion; and it is not without advocates at the present day. It does not seem, however, to be sustained by facts. I have been obliged more than once during the prevalence of small-pox to vaccinate infants affected with eruptive disease, and I have not experienced any difficulty in producing a genuine vesicle, but I certainly have noticed, under the circumstances, a gradual giving way of the antecedent eruption. This may not always be the case, but I am inclined to think the mere existence of a cutaneous affection is no objection to the vaccination of an infant, when there is danger to be apprehended from small-pox. On the other hand, I should not advise, as a general rule, vaccination during the presence of an eruptive disease—in this latter case, it should only be resorted to when, from the prevalence of an epidemic, or other circumstances, the probability of contagion is enhanced.

Signs of genuine vaccination. It is very important to note the progress of the vesicle after vaccination in order that a just distinction may be made between the spurious and genuine. In the latter, nothing special is observed for the first two or three days after the inoculation; but usually at the end of the third day, and sometimes later, a small red spot is apparent, and on the fourth day, the redness is more decided; on the fifth day, the vesicle begins to distend with a serous exudation; on the sixth day, the vesicle assumes a circular or oval form with a whitish surface, and presents an umbilicated appearance; on the seventh day the vesicle becomes more full, and the inflammation extends to the sub-cutaneous cellular tissue; on the eighth, and sometimes not until the ninth day, the vesicle attains its maximum of development, and is surrounded by a scarlet redness; at this time the tumefaction increases, sometimes involving the glands in the axilla, and there is more or less febrile excitement; on the tenth day, the circle surrounding the vesicle begins to lose its redness—the inflammatory symptoms subside, the serous exudation assumes a purulent character—and dessication commences, and the

vesicle becomes changed into a circular scab of a mahogany colour, which falls off ~~between the 19th and 25th day~~ after inoculation. The exfoliation of the scab is followed by what has not been inaptly termed a honey-comb cicatrix. There is a difference of opinion as to the permanence of this cicatrix—the general belief is that it never disappears, whilst others claim that it is not only not indelible, but that its absence is no proof whatever that previous genuine vaccination had not taken place. In *spurious* vaccination, the phenomena proceed differently; for example, the period of incubation does not exist; instead of an exudation of lymph, there is a purulent secretion from the third or fourth day; a scab will sometimes form, and exfoliate on the fifth day, and become reproduced again, simulating in this respect what is observed in the different kinds of ulcer. Again, in *spurious* vaccination, it sometimes happens that many weeks elapse before the scab falls off, and whether it exfoliates early or later, it is not succeeded by the peculiar form of cicatrix characteristic of the genuine or healthy inoculation.

In 1846, an interesting discussion took place in the French Academy of Sciences on the subject of vaccination, and the following is an analysis of the report on that subject.

1st. Vaccination is absolute as a preservative for the great majority, and temporary for a small number; even in the latter it is preservative until adolescence.

2d. Small-pox rarely attacks those who have been early vaccinated before 10, or 12 years of age; from which period until 30 or 35 years, they are more liable to the disease.

3d. Besides its preservative power, vaccination modifies the symptoms of small-pox, by diminishing its duration and danger.

4th. The vaccine matter ~~from~~ from the cow, develops symptoms of greater intensity, and is more certain in its effects than old vaccine; but after a few weeks transmission through the human economy, it does not produce the same degree of local disturbance.

5th. The protective nature of vaccine does not appear to be necessarily dependent upon the intensity of the symptoms it produces; yet in order that it may not lose its preservative influence, it should be obtained fresh from the cow as often as possible.

6th. The only and direct source for the regeneration of vaccine matter, after it has lost its properties, is the cow.

7th. Re-vaccination is the only mode of distinguishing those of the vaccinated who are completely protected from the small-pox, from those who are only more or less partially protected.

8th. Successful re-vaccination is no positive proof that the individuals would have, in the absence of re-vaccination, contracted small-pox; it is only presumptive evidence that they were liable to it.

9th. Under ordinary circumstances, re-vaccination should be resorted to at the end of 14 years, but much earlier if there should be an epidemic of small-pox.

Original Department.

Art. XXX--Simultaneous Procedure in Double OPERATIONS.

BY WOLFRED NELSON, M. D., ETC., OF MONTREAL, CANADA EAST.

Prof. CARNOCHAN, of the New York Medical College, proposes to convert the double operation into one by severing the limbs in immediate succession, as soon as the anæsthetic influence of Chloroform is produced, when it becomes necessary to amputate two limbs. I was of opinion many years ago, that when the terrible alternative is presented, both members should be removed simultaneously, and carried my views into effect in the case of a Gentleman who had both hands and lower part of the forearms frozen so severely that gangrene ensued. His constitution had much suffered from his exposure to intense cold during a whole night. A very able Surgeon of this city was kind enough to amputate one arm whilst I operated on the other, at the same time. Chloroform was resorted to, but entire anæsthesia could not be produced, and our patient was conscious during the operation, but complained of no pain. The business was soon over and the cure sufficiently rapid. One arm was operated upon by the flap, and the other by the circular method. It may be remarked by the way, that the circular plan was much sooner accomplished than the flap, the bones better covered, and the cure sooner effected.

I do not intend to institute a preference in favor of one mode of operation in the above statement, as the difference of time might have been accidental, though I will take the opportunity of mentioning that a good deal of practice induces me to select the old or circular method in every instance.

Whenever the unfortunate necessity for the severance of both legs occurs, I would by all means, give the preference to simultaneous procedure, in order that the system may not be subjected to two distinct shocks. I would also employ Chloroform to obtund sensation, and however desirable to obtain unconsciousness of pain, I would most carefully watch the effect of this powerful agent.

Art. XXX--Tardy Labour---Convulsions.

BY W. C. LANKFORD, M. D., OF LOUISBURGH, NORTH CAROLINA.

On the morning of the 20th of November, I was hastily summoned to visit Mrs. W., aged 21, plethoric, and in her first accouchment. I arrived

at 6 A. M., and found her comatose; pulse 70; no pains; and on enquiry, was told that she had had three convulsions that morning. Her lips were swollen and her tongue protruded, and bit in several places, from the effects of the convulsions. She had been confined since the evening of the 18th, and had been waited on by the *Old Granny*, who had done nothing, but was *waiting* for the *misery* to come on. She thought the patient had labour pains about five o'clock the preceding evening. On examination I found the os slightly dilated; a convulsion (epileptic) came on during the examination which was thought to be more severe than any previous. They were now increasing in frequency and intensity, which showed that something had to be done, and that, too, which would effect a speedy delivery. Venesection is what most Authors advise under such circumstances, and is quite a popular treatment; but why take away the very last spark of life from an already prostrated system?

Why resort to the lancet to diminish the circulating fluid, and thereby the strength of the system, when we wish all the power the system can command, and that, too, concentrated at one point to expel the fœtus? Bleeding would not have checked the convulsions, for the protracted labour had prostrated the patient, rendered the nervous centres irritable, and, consequently, thrown the patient into convulsions. Then to get rid of these we must first deliver the woman: For which purpose I administered ergot in scruple doses, warm bath, and Tart. Antim. in 2 gr. doses until pains came on, which was about 12 o'clock M. At 1, P. M. I delivered her of a fine, living child; the convulsions continued until the birth, after which the Antimony was persevered in until night without recurrence of convulsions. Mother and child are now doing well; neither of whom, I believe, would now have been in existence, had I bled on my arrival, though I may be singular in my opinion, as I deviated from a very general treatment.

Art. XXX.--Remarks upon Convalescence.

By EDWARD KANE, M. D., PROFESSOR OF MEDICINE
IN THE UNIVERSITY OF VERMONT.

[Concluded from page 208.]

To indicate the particular diseases, in which rest is more emphatically required, in convalescence, than during recovery from certain others would lead us more into detail, than the purpose of this article contemplates, and yet, it may not be unprofitable to designate a few. Already the pernicious effects of a return, too early, to the use of the eye, after the subsidence of ophthalmia, and the absolute necessity of rest, in many affections, both acute and chronic, of the lower extremities, have been referred to, as well as the useful practical lessons, derived from a consid-

eration of philosophical principles, as applied to the treatment of a large share of those diseases that belong to the department of Surgery. In most diseases of the heart, in cases of severe and exhausting hemorrhage, whether resulting from wounds, the rupture of a blood-vessel, or a pathological state of the vessels of a part, constituting what may be regarded as a true hæmorrhagic diathesis; in the exhaustion which follows protracted fevers, or other forms of disease, that give rise to an analogous state of the vital functions, in diarrhoea, dysentery, and in cholera, rest, absolute rest, until the constitution shall have rallied, and the circulation acquired a good degree of strength and stability, is to be looked upon as a *sine quâ non*;—a condition truly without which, recovery cannot reasonably be expected.

If the brain have been chiefly implicated, whether idiopathically or symptomatically, it will, with but few exceptions, be left in an unfit state for a speedy return to accustomed exertion. So, too, if the pulmonary tissues have suffered from disease of marked activity, as quiet a condition, not only of the organs, just recovering from disease, but of the entire body, as possible, should at all times be enjoined. As intimately connected with the foregoing, position merits a passing notice. Not only is quiet or rest a *sine quâ non*, during convalescence, but rest in a recumbent position, is the condition, physiologically demanded, and especially, in its early stages. There can be but little doubt that vigour will be acquired, other things equal, much more rapidly, if recumbency be preserved, until the condition of the system be such as here-to-fore defined, than if haste be indulged in assuming the erect position. To this posture, if there be no strictly physiological objection,—if the condition of the system be that of debility, merely, i. e., if the organs and tissues, that have been primarily and chiefly diseased, have been restored to their normal condition, organically, but their functions are sluggishly performed, the exertion, necessary to sustain it,—the erect position,—in the exhausted state of the constitution, consequent upon severe and protracted disease, is an insuperable objection.

An intelligent gentleman, who has travelled much and subjected his constitution to severe trials, observed to the writer, not many months since, that he had convinced himself, by often repeated observations, that when fatigued to exhaustion, he derived more refreshment—more absolute rest from quiet, in the recumbent posture, during a brief period, than was possible, in a vastly longer time, in any other position, and we believe that the experience of every man who is accustomed to note the influences of circumstances upon his feelings and strength,—the changes that are in progress, in his own constitution,—will confirm the conclusion of our friend. We are convinced we have witnessed an unexpected fatal termination, of a greater or less number of cases of the various forms of disease, enumerated above, as a direct consequence of the sick having assumed the erect position,—often, contrary to the express instructions of the Medical attendant—at too early a period, and many whose life has been greatly hazarded by a like indiscretion.

Doubtless most practitioners, of extended and careful observation, can call to mind examples of a like unhappy termination of cases, when flattering themselves, and, not impossibly, encouraging the patient with hopes of a speedy recovery.

Notwithstanding we have dwelt thus long, and perhaps some may suppose, dogmatically, upon the necessity of abstaining from early exercise, in the stage of convalescence from all, or most of those forms of disease, that have produced great debility and emaciation, hyperirritability of the nervous system, marked deterioration of the blood, and abridgement of its quantity, as in anemia, and perversion of the secretions, as well as those of particular organs, whose functions are, in fact, the very sources of life, as the brain, the lungs, etc., it is no part of our purpose to represent that there are not cases and forms of disease, in which judicious exercise, both as regards time, mode and amount, is not only necessary, but of immense value, as a therapeutic agent.

And here, again, the Surgeon avails himself of a well known law of the economy, and the teachings of nature, when in affections of the joints, ankylosis is likely to follow, he enjoins, and is careful to have carried into effect, what is known as passive exercise, thereby preserving the usefulness of a joint, or limb, even, that otherwise would have been rendered useless for life, resort be had to an operation, in most cases painfully severe, and, but too frequently, not productive of anticipated good. As a rule of general application, it may be stated that, in the largest share of the neuroses proper, in the minor forms of mental aberration, as hypochondriasis in particular, and in most of that class of painful and annoying affections, included in the term dyspepsia, exercise under certain circumstances, as regards time, the character of the weather, etc., is one of the most reliable means of cure. The great utility of change of air, or climate, diet, and scene to the invalid, as connected with travel has long since passed into a proverb. In certain forms of chronic diseases, or such as, from an acute, have lapsed into a chronic form, as rheumatism accompanied by rigidity, and a preternaturally contracted condition of certain sets of muscles,—most commonly the flexors,—and abnormal deposition upon the serous or fibrous tissues of the joints, moderate and persistent exercise even if carried to the point of fatigue, is not only not hurtful, but powerfully remedial,—imparting strength and promoting absorption. In the treatment of that, in all past time, opprobrium of Surgery, morbus coxarius, exercise carried to an extent, compatible with the strength and feelings of the patient, and steadily persisted in, during the continuance of the disease, we have no doubt, will, in future, be found to divest, both it and its treatment of many of their most repulsive features, and contribute much, very much towards its more safe and successful management.

The proper management of the diet, during the stage of convalescence in regard to time, quality and quantity, is a matter of great delicacy, and requires not only much scientific attainment, on the part of the practi-

tioner; but no common share of fidelity and decision of character in the nurse.

Ordinarily on the subsidence of disease, more especially of fevers and the largest share of the phlegmesia, particularly, if they have been protracted, and occasioned extensive emaciation, the appetite is keen, inordinately so, and the judgement of the convalescent proportionally weak and unstable but the instinctive feelings are powerful and often resistlessly controlling.

Now it is, that the sympathies of both the physician and the nurse are most severely taxed. Now it is too, that the duty of the former demands not only, that he should exercise the utmost kindness and interest, of which he is capable, but that he issue his instructions and orders, with clearness and firmness, allowing no sickly sentimentality to lead him from the path of duty, nor entreaties, however earnest, or from what source soever, to divert his attention from the one great object of his science and his effort,—the saving of the life of the sick, committed to his care; and of the latter to obey most implicitly, the instructions and orders thus imparted. A writer of much experience observes “if, in the management of convalescence from fevers, “animal food be allowed as soon as the appetite craves it, relapse is sure to be produced;” and further, “and often, have I seen fatal cerebral and abdominal inflammation excited in a few hours, after the commission of this error.” We are not unaware how difficult it is to convince those, whose experience has not been somewhat extended,—the nonprofessional especially—of the great danger of renewing the morbid action, that has but just subsided, or of producing some new and fatal disease from the use of inappropriate food in early convalescence. But the word inappropriate has not reference, solely to quality,—it relates quite as pertinently to quantity and has regard equally, to frequency of indulgence. Doubtless many serious errors have resulted from the use of food, in itself innocuous,—in greater quantity than the debilitated organs, were able to bear, or from its too frequent repetition. There is no doctrine, really, more pernicious, in this respect, than that most extensively prevalent,—in miscellaneous practice, in particular,—of “little and often.” Perhaps the following will illustrate satisfactorily, the principle we wish to enforce: A young man, of good constitution and well regulated habits, had passed through,—after a severe and doubtful struggle,—a tediously protracted course of typhus fever, which had wrought its accustomed influences on the physical organization, great emaciation, extreme prostration and high nervous impressibility. The Medical attendant had pursued the treatment with vigilance and energy, until convalescence was clearly and hopefully established, when after giving his mother, a kind good lady, who took the sole care, as nurse, what he regarded as intelligent instructions, concluding it safe, he intermitted his visits,—repeating them at intervals of two or three days. Suddenly, however, he was desired to see his patient, in much haste when, to his surprise, he found him most dangerously ill, from the re-

newal of the fever. Seeking the cause of the existing condition, he enquired of the good and much afflicted mother, what his food had been, since his last visit, to which the following response was given, viz: "I have given him nothing but rice pudding,—little and often." When asked how little and how often, her answer was, "half a saucer full,—at the same time exhibiting the saucer,—a large one,—every two hours." The most incredulous will not be surprised at the result,—he died, in a few hours. In cases of extreme exhaustion, there can be no doubt but that nourishment should be given often, and in certain instances, very often, but assuredly the quantity ought to be small, and the kind bland and unirritating. A learned writer, speaking of the subject now under consideration, remarks, "it is almost inconceivable, how many errors are constantly committed in this respect, chiefly from want of conviction on the part of the patient, of its important influence on his recovery, and occasionally from misconception, on the part of the Medical attendant, of the principles on which the diet should be conducted." And again, "it is a common error to suppose that debility, which is the almost invariable consequence of acute disease and which is more perceptible when the invalid first attempts to make exertion, is to be removed by nourishing food and stimulating drinks: it is no unusual circumstance to meet such erroneous impressions, even in cases of muscular relaxation from cerebral disease." When indiscretion is committed under such circumstances, the previous disease which had just been subdued, is very generally rekindled, and all the primary symptoms are, thus reproduced." A very common error is committed in the taking of food, too rapidly. We have no doubt if, even solid nourishment were taken, with requisite slowness and sufficiently masticated, that ill consequences would, less frequently, happen. As a general rule, it is more imperatively necessary, to regulate the diet, with particular care, during convalescence from acute than chronic diseases, though in these latter, it should never be neglected. An Author, of no common merit, remarks, "the return from the bland unirritating food, which has been allowed, in the active stage of an acute disease, to food of a more nourishing quality, should in all cases be gradual,—the first step should be to substitute another article of the same class of farinaceous food; increasing by degrees the quantity, which should be divided into portions, to be taken at short intervals;"—and again, "milk, particularly asses' milk, is a very suitable article of diet, for delicate convalescents, and especially children." Our limits will not allow us to speak in detail of the various kinds of food, that are applicable to the numerous forms of disease, in which special care in its regulation and management during the stage of convalescence is absolutely necessary to speedy, and, therefore, satisfactory recovery. We can only indicate general principles, whence the observing will readily make accurate deductions and institute appropriate practice. Nor can we fulfil the purpose, we have in view in reference to this department of our subject, better than to appropriate the language and doctrines of an able writer, on the management of convalescence from fevers. He says "there are three

conditions, under which this danger," from the use of inappropriate food is peculiarly imminent. First, when the disease has been unusually severe and protracted. The more intense the fever, and the longer it has lasted, the more are all the organs enfeebled and the longer do they retain the irritability of weakness. In this state, anything beyond the gentlest stimulus will induce vascular excitement, which will, rapidly pass into inflammation.

Secondly, when the disease was severe, in the commencement and has been promptly subdued, by active treatment. The patient is suddenly relieved from a load that oppressed him; the organs react, with preternatural vigour; they have enough to do, to sustain the reaction of the system—stimulate them still further, by animal food and wine, and they will be sure to be overdone; and this artificial excitement will be as fatal as the excitement of the disease. It can be of little consequence to the patient whether he die of malaria or of chicken. Thirdly, when the disease was slight in the commencement, and through its subsequent progress, but the convalescence has proved tardy and imperfect. In this case animal food and wine are pernicious and highly dangerous; and often prove more fatal than a severe form of fever. Nothing is advantageous or safe for such a patient, but perfect rest and quiet and the blandest farinaceous diet."

"The necessity of suitable clothing," observes another, "in convalescence, is so obvious to the invalid, that it seldom requires to be inculcated by the Medical attendant." Doubtless such necessity should be obvious to the adult invalid; but we are compelled to aver, that in our observation it has not seemed quite so obvious. On the contrary, in our judgement, there is no part of the treatment of convalescence, in respect to which errors, both as to conviction and practice are more frequently perpetrated. We are aware that we are putting forth a very common and obvious truism, when we allege that all experience teaches that the inevitable effect of disease is to debilitate,—to reduce the energies of the system to a grade far below the natural standard. With this prostration, comes corresponding feebleness, in functional action. All the circumstances connected with the constitution, physically, tend to perpetuate it,—commonly defective appetite, and of necessity from considerations, already stated, but small quantities of food can be indulged in, and diffusible stimuli are generally inadmissible, while muscular exertion is impracticable.

The circulation partakes largely, of the general prostration,—neurasthenia predominates, and of consequence the temperative principle performs its function with marked imperfection,—hence animal heat is imperfectly developed. The process of respiration is accomplished with proportional feebleness,—doubtless less air is received into the lungs, at each inspiration, the blood is less perfectly aerated and it follows that this source of vital heat is vastly abridged. Thus it appears physiologically, that the system requires aid, from without, to supply that amount of

warmth and its genial excitement, which in health, it derives from its own intrinsic powers and actions. It is obvious then to the eye of experience that clothing suitable to the enfeebled condition of the constitution, is indispensable to the satisfactory treatment of convalescence. Without it, or without a sufficient supply of warmth from some source, external, the progress of recovery will be slow, and generally subject to embarrassing interruptions. In the state of system, physiologically, just adverted to, the conservative powers, by which is meant, not merely "the capacity of the living body to preserve itself from running into putrefaction," but which enables it to resist, and to an extent, protect itself against the hurtful powers or disturbing influences, of whatever kind and whence-soever derived, to which it is exposed, are greatly reduced in energy of action. Under these circumstances, there is vastly less resistance, than in a normal condition, and hence it is, that causes so exceedingly slight, viewed in reference to health, are productive of such pernicious consequences. It would lead to unnecessary partiality, to specify forms and cases of individual disease, in which suitable measures, not as regards clothing alone, but as regards exposure to varying states of the atmosphere, with respect to cold and moisture, etc., are requisite to the successful management of convalescence, and ought to be obvious, at least to the Medical attendant. A few general facts and principles will suffice. An Author, whose teachings are entitled to great respect, remarks, "sudden transitions of temperature should be avoided, even long after convalescence is complete; and the surface should be kept uniformly warm," by a flannel shirt next the skin and flannel drawers. Treating of fevers, another observer, "cold was another cause of danger to convalescents. We have seen that some who were about to leave the Hospital, were seized with inflammation, in some organ which rapidly destroyed them." With respect to exercise in the open air, when the strength is sufficiently restored to render it admissible or proper, much intelligent caution is necessary and both those, who are charged with the care of the sick, as well as the sick themselves, ought, most certainly, to be properly and explicitly instructed on this point by the professional adviser.

Not only should the surface be properly protected, by sufficient and appropriately adapted clothing, but the hour of the day in which exercise is taken, ought to be judiciously selected. Perhaps there is no point of practice, in regard to which the physician is more liable to surrender his judgement to popular delusion, than the one we are now considering. The dogma is, it is most healthful to "take the morning air," and its freshness and purity are topics of much eloquent declamation, and that, too, irrespective of times and seasons. The vastly diminished capacity of the animal body to produce from its own intrinsic sources and actions in the stage of convalescence, and, more especially, in the early part of the day, a normal proportion of vital heat, is entirely overlooked, as is also the low temperature and the humidity of the atmosphere,—"the morning air," during most seasons of the year. Now, there can be no doubt but

that the feelings of the invalid ought to be the criterion of judgement,—nor that, if possible, he ought not be subjected to any influences that are productive of discomfort, and particularly as regards the sensation of cold. It cannot be too emphatically declared, nor too frequently repeated, that chilliness, or any considerable diminution of the heat of the person, in the circumstances now under consideration, is dangerous;—tending to produce serious and embarrassing congestions, which readily pass into acute inflammation, and, therefore, hazard the safety of the patient. It must be obvious then, that not only, ought not blind and delusive dogma to guide the judgement, on this fundamental point, in the management of convalescence, but, as in reference to every thing else, that is capable of effecting derangement of function, and, therefore, of renewing morbid action, rigid scientific scrutiny should be made the basis of deduction and of every movement. Considering then, the physiological condition of the constitution, and also the state of “the morning air,” as regards temperature, humidity, etc., it seems clear that it is only during the summer months, that early morning is the proper time, for the invalid to indulge in exercise in the open air. We speak of course of the colder latitudes, and variable climates. In all other seasons of the year, the middle of the day, when ordinarily the heat is higher, and, therefore, more genial, and the atmosphere, in a more favorable condition, with respect to moisture,—from ten A. M. till two P. M.,—should be selected, as the most appropriate time, for persons in progress of recovery, to indulge in out-door exercise. So, too, in locations—even during the summer months,—where the growth of vegetation is luxuriant, and the dews are heavy,—these continuing the coolness and humidity of the night far into the day,—it will not be questioned by those, who think that the middle of the day, is the only proper time, for the convalescent to expose himself to the external air. In low and marshy, and therefore, malarious districts, the same rule holds. Is it improbable that the protracted continuance of the intermittent and other forms of fever, peculiar to our western prairies, and, indeed, to most new and uncultivated sections of country, arise from neglect of such salutary rules. It is believed that a reference to the works of distinguished writers, on the diseases of armies in such locations as are above referred to, as well as the histories of epidemic diseases in general, will amply confirm the doctrines just sought to be inculcated. But while it is of the utmost importance to regulate, both the clothing, and the exposure of convalescents, to atmospherical vicissitudes in accordance to scientific principles, it is of equal necessity to regulate the temperature of the sick chamber. It should be frequently ventilated, and the heat kept at the point, that is, as a general rule, found most agreeable to the sensations of the invalid, reducing it from time to time, as strength increases and the conservative powers of the economy require vigour. All of experience indicates 60 to 65 degrees as the standard, most congenial, to the feelings of the patient, and in the early stage of convalescence, most conducive to the reestablishment of healthful vigour. There may be cases where great prostration and hypersensitive-

ness predominate, in which it may be necessary, for a time to fix the standard somewhat higher. As soon, however, as the condition of the convalescent is such as to warrant a reduction of temperature, to the point of comfort, in health, it should be gradually done. No circumstance, perhaps, retards more effectually and certainly, the return to strength and a healthful play of all the functions, than heated and ill ventilated rooms. But among the important circumstances, connected with the treatment of convalescence, is the due regulation of the bowels and the administration of remedies. And here, too, much practical knowledge is requisite, as well as delicacy of tact, in appreciating the precise condition of the economy, and in the adapting of remedies thereto, and to the actual state of the organs, that are just recovering from disease. During convalescence from most forms of acute disease, a tendency to torpidity of the bowels will be most likely to predominate. If there be lingering congestion or abnormal action of the hepatic system, a like torpid condition of the bowels will pertain, in the majority of instances. If the brain have been seriously diseased,—irritation having been concentrated on the great fundamental sources of nervous susceptibility and energy,—the bowels, until cerebral irritation shall have subsided, can scarcely be otherwise than embarrassingly immobile. In all these instances and in many others, that might be enumerated, the utmost care is necessary to procure, at least one free stool daily; and if two, or, in many cases of a sort of undefined indisposition, not exactly amounting perhaps to actual disease, more be obtained, the progress of recovery will be greatly facilitated. Much caution will, however, be requisite, in the management of this condition of things, lest hypercatharsis be induced, and a degree of prostration follow, from which it will be difficult for the constitution to rally. But an opposite condition may, and frequently does happen,—diarrhœa, or that condition of the mucous tissues of the stomach and bowels, which is expressed by the term *lienteria*; will be the difficulty with which, we have to contend. This may exist primarily as a minor form of the original disease, or as a sequence of continued fever. It is scarcely necessary to say, that here a very different course of procedure will be demanded. Absolute quiet, the judicious use of opiates or astringents, or both; with or without tonics, or moderate stimulants, and in many instances, the tepid or warm bath are the means, at command, and generally speaking, if judiciously applied, will conduct the convalescence on to a happy termination. In certain forms of disease, it will be found to be necessary to continue, though with less energy, and in diminished quantity, the same remedies, that have proved successful during the more active stage of the disease. Thus in the various hydropic affections, a moderate use of hydrogogues, or of diuretics, associated or not with a mild tonic course, as indicated by the state of vital action, is not only judicious but often indispensable. So, too, in intermittent fever, it is necessary to extend the use of antiperiodics and tonics into the stage of convalescence, and to persist in their use,

until all tendency to repetition of the febrile paroxysm shall have entirely subsided. Other examples might be adduced of like import, but it is believed sufficient has been said to lead to accurate deduction, and, therefore, to successful practice. It may not be improper, however, to add, in this place, that among the "first indications in the management of convalescence, is to avoid" as far as possible, "those causes, which primarily induced the disease.

Another obvious principle is, that the measures to be pursued, should always have reference to the nature of the previous disease, and the organ or parts which have been affected."

The influence that the mind exercises over the body and its functions both in health and during the progress of disease, is matter not merely of universal consent, but of universal astonishment. It has been sung by the poet, and elaborated into the most learned disquisition by the philosopher.

The depressing and destroying effects of jealousy, no less than the inspiring influences of hope, have engaged the attention and elicited the ingenuity of the learned. Facts of the most convincing kind show, unequivocally, that both grief and joy, may in certain constitutions, and have in numerous instances, caused sudden death notwithstanding the subjects were, at the moment in the enjoyment of usual health. The same may be said of fright and of fear. If then such be the controlling and pernicious influences of the emotions in health, no argument will be required to make it apparent at least that they are no less controlling and destroying when the vital powers are prostrated by disease. Nor are facts wanting in confirmation of the truth here alleged. Abundant examples will be found, scattered over the pages of Medical literature, and not unfrequently do they find their way into the popular journals of the day. That the undue exercise of the exciting passions in a state of health and perpetuated for a long time, is capable of so disturbing and deranging the functions, more especially those of the nervous and digestive apparatuses, as to give rise to severe and often fatal disease, we believe is a proposition that extended and accurate observation sustains. That the susceptibilities of the economy during disease, are often, so obtunded, by the same causes, as greatly to embarrass, and in many instances, to interrupt, or counteract completely, the salutary and legitimate effects of remedies, seems equally well established. But if the exciting passions, thus indulged, are capable of working such injurious influences, both in health and disease, it is certain that the depressing passions and emotions are no less pernicious in their effects, as a reference to the recorded observation and experience of Authors will abundantly show.

There is much of truth in the following quotation from an Author of commanding merit, "The exciting passions when excess give in rise to both spasms and convulsions: the depressing passions relax the whole muscular system; the feet and legs are incapable of supporting the body, the features hang as if lifeless and devoid of expression and the voice is rendered either feeble or it suffers a temporary extinction. The power

of volition in both cases is much weakened: in the first, the distortion cannot be counteracted; in the second the relaxation cannot be braced up, by any effort of the will." How indispensable it is then, that, not during the acute stages of disease, only, but throughout the entire stage of recovery, the mind of the convalescent should be kept in as tranquil a condition as possible, and as far as is consistent with truth under the inspiration of hope need not be argued here. From the foregoing considerations, and from numerous others, that will readily suggest themselves, to the observing and reflecting practitioner, we deduce the following rules of practice, viz: in convalescence from all diseases of the nervous system and of the digestive apparatus, which in most instances, are intimately associated, and more particularly, if the latter have taken on the chronic form, "it is of infinite importance to endeavor to direct the attention of the invalid from the seat of his bodily uneasiness," in a word, if possible, to beguile him into a forgetfulness of self.

This not only abridges his sufferings;—it does more, it allows the recuperative powers of the system to rally, and thus enables the remedies prescribed to combat the disease more efficiently. In all diseases of the heart, and of the brain, the utmost mental quiet should be sought; and to this end, every circumstance capable of unduly exciting the passions or of seriously depressing them, should be most scrupulously avoided. In hæmorrhages, and especially from the lungs or stomach, and during the existence of those distressing and often unexpected affections that arise from the injudicious use of mercurial preparations, the same rules should hold, nor ought they in any single instance to be diverged from. Business considerations in all those affections should be most sedulously excluded. But it is unnecessary to particularize further; sufficient having been said, we hope to lead to judicious practice. As a condensed statement of what we wish to inculcate, in regard to the influence too often exercised by friends and officious persons, who are ever anxious "to do good," to the sick, and whose wisdom, generally, very much exceeds what is or ever will be written, we quote the following: "A hackneyed gossip, a professional talker, a conceited punster, a loud and boisterous laughter, are alike, to be debarred from entering the room of the convalescent," who has suffered from, and is in progress of recovery from any of the diseases above enumerated. And finally, we quote from a learned Author, the subjoined, "The management of convalescence is one of the most difficult parts of the treatment," of disease, "and one of the most unsuccessful," in too many instances, not because there is so much that is positive, "to be done, nor because there is," generally, "any" real "disease which prevents recovery, but because the patient is considered as well, when he is only convalescent."

Art. XXX.—Case of Twin-Delirium.

DR. NELSON.

Dear Sir:—Some time since I promised to send you the reports of a

case or two of Midwifery. I now fulfill part of that promise by sending you a case of Twins, with the two abdominal cavities into one, which if you think worthy of a place in your very valuable LANCET, you are now at liberty to publish.

On the 17th of Dec., 1850, I was requested to visit the wife of Mr. JOHN JACKSON, of Drummond, C. W., aged 22, in her first Labour. On examination, I found the head distending the perineum with the face towards the pubis, being the Fourth direct position, or Occipito-sacral; here, as I was informed, the head had been detained for a considerable length of time previous to my arrival. However, after a few pains more the head was slowly born, and to accelerate the delivery of the body I brought down the arms; still the delivery was tedious; again I made an examination, with the hope of ascertaining whether I had, or had not got a short funis to contend with, but could find no cord, the belly being drawn upwards and backwards. While withdrawing my hand a pain came on that expelled the breech, I then turned the feet of the child over the pubis of the Mother. Still in the belief that I had got a short cord to contend with, and expecting that a few pains would expel the placenta, I was supporting the child in that position, when the hand of another came forth. Again I made a digital examination and found the head filling up the cavity of the pelvis; when two or three pains more, expelled both head and body, with the cord attached to the side of the belly belonging to the last born child. After a few convulsive twitches the children ceased to show any symptoms of life.

On examining them as they lay on the lap of a female attendant, they were united in the following manner: The right side of the one was attached to the left side of the other, beginning about the 7th or 8th rib, two inches, or thereby, from the spine of each, and descending to the middle of the sacrum and ilium—and again from the right outside of the one to the left outside of the other, was one sheet of abdominal muscles, extending from the pubis to the Sternum of both. The placenta came away in due time and the woman had a good recovery.

Their heads, shoulders and chests were of good size for twins; pelvis and lower extremities small. Abdomen very large; the children were both females.

Yours truly,

A. MUNRO, Surgeon.

Lanark Village, Canada West, Jan, 1855.

Art. XXX.—History and Properties of Guaco.

DR. NELSON.

Dear Sir:—In the "Annual of Scientific Discoveries and Inventions" for 1852 or 3, there is an account of a plant named Guaco found in Brazil, which is possessed of the power of neutralizing the poison of the

most deadly serpents; in fact, as appears by the narration of a Gentleman, in that periodical, he was enabled by drinking an infusion of the leaves to handle with impunity snakes of the most venomous kind.

In BRAITHWAITE'S Retrospect, No. 27, the same plant is noticed in an article taken from the Medical Times and Gazette, of Dec., 25th 1852, and the same testimony is borne to its powers as an antidote to serpent-bites. The Gentleman who notices it also observes that he is in the habit of prescribing it in Sciatica, Chronic Rheumatism, and Deafness, with unerring success. He adds that, "When on board Her Majesty's Frigate Calypso, returning from the coast of Mexico, many of the crew were attacked with bilious remittent fever, and during the stage of convalescence, when languor was almost a second disease, the exhibition of Guaco was found most magical in its effects, restoring appetite and sleep, when quinine caused headache, and increased the thirst and restlessness." It was also given with the same success in chronic Dysentery, and those diseases characterized by nervous debility.

Now the subject of my troubling you on this occasion is to suggest the propriety of giving it a trial in cholera as a prophylactic and also during an attack of the disease. No doubt can be entertained (if we credit the reports furnished by those who have seen its effects,) of its acting powerfully on the nervous system, if it disarms the most deadly snakes of their power to communicate their poison to the human body; and reasoning by analogy, might it not also neutralize the mysterious miasm of Cholera, and as it deprives the serpent of his power to bite and cures when bitten, it is not impossible but that it may have the same effect in certain diseases? True we have no proof of any similarity between the two poisons, neither have we any proof *vice versa*, but at all events it is worth trying. But where can it be procured? that is the very thing I want to know, and if any of your Southern Readers who are more likely to be in the way of having of it, or sending to Brazil for a parcel, could give any information on the subject, it would be very thankfully received, by me at least. The following is the formula for its use as a tincture; R. Powdered Guaco ʒij; proof Spirit Oj. Mix and macerate for eight days—dose, ʒj—ʒiij. I should think that in Hydrophobia it would be worthy of trial.

Yours truly,

ARTHUR PATERSON, Surgeon.

Woodstock Co., Oxford, C. W
18th December, 1854.

Art. XXXIII.—Preparation of "Concentrated Remedies."

Dr. NELSON.

Dear Sir:—In the November Number of your LANCET, I saw a notice of a forth-coming work on the "*Concentrated Remedies*," first introduced

to the Profession, and used in this city. A later Number contains a list of the articles as manufactured by the American Chemical Institute of New York; and as these concentrated preparations, are in the estimation of a large body of physicians of education and experience in their use, considered among the most valuable articles of the *Materia Medica*, I have thought that a notice of some of them, embracing their mode of manufacture and therapeutical application, would be of interest to your numerous Readers, and especially to those who practice in the country, and of course make up their prescriptions at the bed-side of their patients.

One of the earliest manufactured and introduced into use, was the "*Podophyllin*," prepared from the root of the *Podophyllum Peltatum*, after the following manner: Coarsely powder the dried root of the Mandrake; place in the percolator, and pass alcohol through it until all the substance of the root, soluble in the alcohol is removed. Now the alcohol, containing the medicinal principle may be placed in a still and distill off the alcohol to save it, until the residue is nearly as thick as molasses. If it be not convenient or desirable to thus distill off the alcohol it may at once be reduced with water, until the resins which the alcohol held in solution are precipitated.

If the process be conducted on a large scale, and it be desirable to save the alcohol, the process of distillation above detailed, may be resorted to.

"Warm the residual mass, and slowly pour into it three times its volume of *cold water*, which must be constantly agitated during the process. If poured in too fast, or without agitation, the fluid will fall to the bottom unchanged. Allow it to stand for twenty-four hours; at which time nearly all the podophyllin will be precipitated; the addition of a little muriatic acid will precipitate the remainder.

The precipitated podophyllin, of a yellowish colour, is now to be removed and placed on a linen filter, and washed several times with water to remove any remaining acid, gum, etc.; after which it is to be placed in thin layers on paper, and dried in a room at a temperature between 66o to 90o F.; or if in summer, at the natural atmospheric temperature, —it becomes a shade or two darker by drying in this way, but if artificial heat be employed to hasten the process, or of a higher temperature, the resin becomes quite black."

The Podophyllin, unlike many of the concentrated preparations, appears to be nearly chemically pure, but is composed of two distinct resins. It has now been extensively used for nearly seven years, and is found to possess the medicinal property of the root in an eminent degree and in so concentrated a form that ample experience has taught that from one fourth to two grains will prove an active purgative.

Many physicians are using it almost, and others to the entire exclusion of calomel, as they think with it and the concentrated principle of the Blood-root, or the *Leptandra Virginica*, they are able to fulfil all the indications for which calomel is administered and without danger of

the unpleasant after effects sometimes attendant on the use of the mineral.

As the Podophyllin has already been very extensively introduced into the practice of some thousands of the profession, its action is no longer conjectural; but as there are many who have not tested it but would like to, I will be pleased to forward to any member of the profession, who desires it, by mail, and free of expense, a sufficient quantity for testing it. I make this offer solely for the purpose of aiding in the diffusion of a knowledge of these agents, as I have not the slightest connection with any concern engaged in their manufacture or sale.

Should it be desired I will furnish the mode of manufacturing others of the "Concentrated Medicines."

Most truly yours,

C. H. CLEVELAND, M. D.

Cincinnati, Ohio, February 1855, 129 Seventh Street.



Original Department.

XXIX. INFLAMMATION OF THE SHEATHS OF TENDONS.

By M. VELPEAU.

Inflammation of the sheaths of the tendons forms an interesting object of study, as it leads frequently to errors in diagnosis, while on the other hand if correctly ascertained it requires special therapeutic means for its treatment. Every one is aware of that peculiar kind of inflammation of the sheaths of the radial extensors and which M. VELPEAU has described under the name of *ai*. But the radial muscles are not the only ones thus affected, and an example of this affection attacking the lateral peronei muscles, lately came under the Professor's observation. There was noticed on the side of the left foot, below the mall eolus externus a spot of a red colour elongated, narrow and following the curvature of the lateral peronei. There was tumefaction, œdema, pain, heat and redness. The swelling was not considerable, and the post-malleolar depression was but slightly effaced; here and there in the course of this inflammation small fluctuating elevations under a thinned cutis were observable. *A priori* one would have thought that the collection contained pus; but when attention was paid to the direction and shape of the inflammatory patch, that there had been no external violence, though the patient had undergone much fatigue, and when one reflects upon the actions of the peronei muscles, the rubbing or friction of their tendons during progression, the diagnosis is easily modified. Here was a case of inflammation of the peroneal sheaths. The liquid detected in this situation evidently proved that the inflammation had subsisted for some time, and the patient declared that it had commenced some fifteen days previously.

There was evident fluctuation, and yet M. VELPEAU did not open the sac; because, in inflammation of tendinous sheaths, the effused fluid, or that which is in the first place formed, is not pus; it is serum, then serum in combination with albuminous matters, next purulent serum, then pus, and finally unhealthy pus. Therefore, if an exit is given to this liquid, even should it be purulent, it is pus of an unhealthy character; the inflamed surfaces become in contact; adhesions take place between the tendons and the sides of the sheaths, and the patient is exposed to all the inconveniences, to all the dangers of the contact of air with a synovial membrane.

Consequently instead of making an opening, M. VELPEAU ordered the application of a blister to the affected part of sufficient dimensions to reach on all sides beyond the spot immediately inflamed. If blisters sometimes check a truly phlegmonous inflammation it is more especially in inflammations of this nature that their applications are attended with

beneficial results. The cure is frequently brought about by resolution. In relation to the case, which led to M. VELPEAU's remarks, the disease had had a duration of fourteen days; there was evident fluctuation, there were even some softened points, the hopes of securing a prompt cure—a complete resolution—were slight. But the application of a blister to the inflamed part either causes the inflammation to recede, or it becomes an excellent maturative agent. The only thing that might preclude its application is the fear of causing pain to the patient; but this is fear without foundation. M. VELPEAU has frequently observed that blisters in these cases rather than increase the pain, relieve the patients and even at times mitigate their sufferings. In our patient a somewhat unexpected result, has proved once more, in this species of inflammation, that the diagnosis being properly arrived at, the prognosis and therapeutical means are to be modified. The inflammation passed in resolution, and he was discharged cured in eight or ten days after. In the onset of tendinous inflammations quiete frequently alone suffices for the cure; if it appears to fail, then recourse must be had to leeches, poultices, baths locally, and generally, a purgative, and above all a blister will triumph over the disease, even in its advanced stages. This case teaches us that, even when there is fluctuation, we must not despair of bringing the case to a happy termination. Inflammation of this nature is of frequent occurrence, and it is as frequently misunderstood; and above all, it is of the highest importance for the prognosis and treatment not to confound it with phlegmon.—*Gazette des Hopitaux.*

**XXX. CONTRA-INDICATIONS TO THE ADMINISTRATION
OF SECALE CORNUTUM.** By M. PAUL DUBOIS.

The *Secale Cornutum*, apart of its well-known hemostatic properties, is useful in cases where the uterine contractions are unable to terminate the labour. But it is unfortunate that so much abuse is made of this precious medicine; and we have seen it administered in cases where it was quite useless as the indication was unknown. This abuse, and the disastrous consequences resulting from it have contributed not a little to bring the *secale cornutum* into disrepute with many practitioners. Yet we should not for all that deprive ourselves of so valuable a means just because its improper administration is attended with unexpected results. We should know what cases call for its administration or contra-indication, to know, in a word, its indications and contra-indications in cases of labour. We will determine, after M. Dubois, some of the circumstances which appear to simulate the use of the *secale* and those which in reality exclude it. The cases wherein uterine contractions become weakened and who do not require *ergot* are sufficiently numerous, and frequently demand much sagacity and experience on the part of the accoucheur to discriminate between them. We will cite but the principal and the special indications of each; they are: 1st. Debility resulting from a natura

state of the constitution, or from a previous pathological condition; in this case the patient's strength should be kept up by tonics, wine or broths. 2nd. An unusual distention of the uterus by too great a quantity of amniotic fluid, producing incomplete paralysis, from tension of the uterine fibres. The membranes should be ruptured the moment the os uteri is distended to the size of a 5 franc piece. M. Dubois calls this catheterism of the uterus; 3. Congestion of the face causing a weakening of uterine contraction from the plethoric condition of the patient, bleeding is here required; 4. Prejudice on the part of the parturient female, the presence of a person disagreeable to her, will suspend uterine action; 5. A high degree of temperature in the patient's room is prejudicial to uterine action as tending to cerebral affections. The room should be ventilated and air refreshed; 6. During labour there may be severe pain from a distended state of the bladder, which is compressed by the uterus and abdominal muscles; these pains, at times, are of a nature to paralyse and weaken the action of the uterus as also of the abdominal muscles. The urine must be drawn with a catheter. Pains in the back counteract uterine contractions; to remedy them if the labour is sufficiently advanced, apply the forceps, if not wait patiently. The same holds good for the violent headache occurring simultaneously with contraction of the abdominal muscles; 7. The premature discharge of the amniotic liquid renders the labour tedious; for as with all hollow organs, the uterus, in order to contract, takes its point of support upon its contents; if the fœtus resists, the contractions are continued, but if the amniotic bag is ruptured, the fœtus becomes engaged and the uterus has no longer a point of support; 8. There is another obstacle against which uterine contractions are powerless, it is the retention of the waters, either from non-rupture of the membranes and rigidity, in this case resort to venesection or belladonna; again some obstacle about the neck of the uterus preventing dilatation, either from its rigid state of contraction or plethoric condition, or, as we have lately had an example in this Clinique, from induration or alteration of its tissue, we must in this last case resort to a cutting instrument. An oblique direction backwards of the neck of the uterus will weaken its contractions; if it does not dilate, the anterior lip must be slightly incised with a probe-pointed bistoury.—*Gazette Medicale de Paris.*



Bibliographical Notices.

Transactions of the Medical Society of the State of Pennsylvania, at its Annual Session, held in the City of Pottsville, May, 1854. Vol. IV.—Published by the Society. Philadelphia: T. K. & P. G. COLLINS, Printers. 1854. 8vo. pp. 171, paper. From BLANCHARD & LEA.

The Members of the Pennsylvania State Medical Society, by their industry in preparing reports, the compilation of materials tending to elucidate in a small compass the prevalent diseases, their treatment and results, would make excellent guides for the Members of the more pretending—nothing-accomplishing and dinner-eating American Medical Association. The Volume before us contains some very able papers by men who know how to work, and who also know that their labours will be beneficial to, and appreciated by their brethren. The Society is in a very prosperous condition, and numbers among its Members some of the most distinguished practitioners and writers of the medical book-making emporium of the United States—Philadelphia.

On the Construction, Organization and general Management of Hospitals for the Insane. By THOMAS S. KIRKBRIDE, M. D., Physician to the Pennsylvania Hospital for the Insane. Philadelphia: LINDSAY & BLAKISTON. 1854. 8vo. pp. 80, cloth. From the Author.

The nature and objects of this Monograph are sufficiently evident from a glance at its title-page; and it is only necessary for us to state that the Author, from a lengthened experience as Physician for the Insane, knows better than any other the requirements necessary for the management and comfort of that unfortunate class of beings; and should the directions and suggestions here so plainly given and imparted be adopted, the Author will have the pleasing consciousness of knowing that if his kind and philanthropic intentions cannot be fully appreciated by the helpless creatures whose welfare he has so much at heart, they will most assuredly secure for him the gratitude and esteem of an enlightened community.

Transactions of the American Medical Association. Instituted in 1847. Vol. VII. New York: C. B. NORRIS, 71 Chambers Street. 1854.

Well, indeed, we are remembered! Thanks to some unknown friend, the seventh *expositor* of the American Medical Association has been laid upon our Table. And such an *ocula!* As it is expected that we will give an opinion—and an honest one, too, it will be—of this Volume, we do so by saying that \$3 can be better employed in any other manner than cast away for its purchase. A glance at the table of contents—and here we transcribe it in full—will bear out our expression: Minutes of the Meeting; Address of the Vice-President; Report on Medical Education; Re-

ports on the Epidemics of Kentucky and Tennessee, of Ohio, Indiana and Michigan, of Louisiana, Mississippi, Arkansas and Texas; on Erysipelas; 120 pages on "Cryptogamic Plants," which not one in 5000 would read through; Report on the Norwalk disaster; Remarks on Yellow Fever; Reports of Committee of Publication and of Treasurer; Catalogue of Officers and Members; General Index; and, lastly, a special index to the Cryptogamic production; the whole comprised in 666 large octavo pages, between two embossed black muslin covers, and lettered on the back.—We further venture to affirm that there is not one of the most ardent admirers of the Association who could be hired to read this Volume from title-page to index. Others may think different, if so, they must lay claim to a greater share of disinterested patriotism and perseverance than has been allotted us.

As we said two years since—and we are now the more convinced of it—the American Medical Association is on its "last legs;" and if a thorough regeneration is not effected we very much fear it will have no "understandings" at all, the state of the treasury-pulse denoting great depression of the vital powers of the Association. Instead of consuming so much time in writing, and wasting so much money in printing long, laboured, useless, and, at times, worthless reports on Epidemics that have prevailed three or four years since in some of the States, and from which not one farthing's worth of practical or reliable information can be obtained, and which are commendable only for the perseverance and industry of the writers in a mis-guided course, let the publication be of a truly practical cast—let reports of cases that are likely to occur in ordinary practice be presented and accepted, let essays or monographs upon subjects connected with Medicine and the collateral Sciences be read, discussed and published, and prize-essays also, hoping, however, that the examining Committee may be wise enough to know whether the essay has not seen the "light of another day" in another locality, and been acted upon by a far more competent board than is generally appointed to decide the "momentous question;"—let these things be done, and the Association will become what it should have been an honour to the American Profession, and it will then command and receive the hearty support of the great medical body of this Country. This Volume cuts a very meager appearance when compared with those published by nearly all—even the smallest—of European Medical Societies.

If, after what we have said, any of our Readers should feel disposed to purchase the book, we will be pleased to have them do so, with the understanding, however, that we are not to be held accountable for the poor investment of their money.

On the Nature, Signs and Treatment of Child-bed Fevers, in a series of Letters addressed to the Students of his Class. By CHARLES D. MEIGS, M. D., Professor of Midwifery and the Diseases of Women and Children, in Jefferson Medical College, Philadelphia, etc. Philadelphia: BLANCHARD & LEA. 1854. 8vo. pp. 362, cloth. From the Publishers.

The name of CHARLES D. MEigs, has for many years been one of the brightest and most honored in the rather too small list of American Authors; and while noticing with pleasure the new volume before us, we regret to learn from a prefatory letter addressed to Dr. R. LA ROCHE, that it is to be considered as the legacy of the distinguished Author to that department of Medicine of which he has been so devoted an expounder and so worthy an ornament. The Author after the toils, labours and anxieties of a long and useful life—three score years and more—lays down the pen he has wielded with so much credit to himself and advantage to hundreds of admiring Students and respectful and respectable practitioners throughout the land. And this last crowning effort of his great talents minute observations, and patient industry, will add much to the reputation he has so richly earned and which he so worthily supports.

The Volume contains twenty-nine letters, addressed to his Class, and are written in a vigorous, persuasive and solicitous style; at times portraying in touching and impassioned descriptions those dreadful and heart-rending scenes the physician, but unfortunately, too often, is called upon to witness: at others the argumentation is carried on with a most determined effort, and the many objections, unsustained by the reserve of facts are easily demolished and upon their ruins the Professor erects the theories he has upheld for years. There is in this volume, like most all others—let them emanate from whatever source they may—many assumptions and deductions we cannot tacitly approve or receive; but it contains so much of philosophical reasoning, so much that is drawn from the operations of Nature herself, so much that may be relied upon, and the earnest solicitude and watchful perseverance of the Author to impress upon the Reader's mind what he deems the best, and that which experience has verified day after day and year after year, that we cheerfully forget our objections, and add our mite of praise in favour of a work that will ever be the most valuable as it is the most practical, on a subject the importance of which cannot be too vividly present to the mind of the practitioner in the practice of Obstetric Medicine. In conclusion, we earnestly hope that the honored years of CHARLES D. MEigs, through the kindness an All-wise Providence, may be many and happy, and that if not to contribute another page to the Medical History of his Country, at least to know that his opinions are the accepted ones by the Profession at large.

The Principal Forms of the Skeleton and Teeth. By Professor R. OWEN, F. R. S., etc., Author of "Odontography;" "Lectures on Comparative Anatomy;" "Archetype of the Skeleton;" "On the nature of Limbs;" "History of British Fossil Mammalia," etc. With Seventy-five Illustrations. Philadelphia: BLANCHARD & LEA, 1854. 12mo. pp. 329, cloth. From the Publishers.

The Principles of Animal and Vegetable Physiology; a popular Treatise on the functions and phenomena of organic life. To which is prefixed a general view of the great departments of human knowledge. By J. STEPHENSON BUSHNAN, M. D., Physician to the Metropolitan Free

Hospital, etc., With one hundred and two illustrations on wood. Philadelphia: BLANCHARD & LEA, 1855. 12mo. pp. 234, cloth. From the Publishers.

Principles of Physiology; designed for the use of Schools, Academies, Colleges, and the general reader. Comprising a familiar explanation of the Structure and Functions of the Organs of Man, illustrated by comparative reference to those of the inferior Animals. Also an essay on the preservation of health. With fourteen quarto plates and over eighty engravings on wood, making in all nearly two hundred figures. By J. O. COMSTOCK, and B. N. COMINGS, M. D. New York: SAMUEL S. & W. WOOD, 261, Pearl Street. 1855. 4to. pp. 110, cloth. From the Publishers.

Various works of various dimensions and doubtful pretensions have been foisted upon the public by designing men, upon what they call elements of Natural Science; and many of these productions calculated to mislead, if productive of no other evil, are eagerly sought after by the non-professional persons who are unable to judge of their merits or avoid the errors with which they abound, and who are consequently led to an implicit belief of all that they portray. We have long entertained the opinion like these, a transcript of the title-pages of which heads this article, were found in the hands of old and young non-professional persons, and fewer novels, romances *et id omne genus*, vast benefit would result to the readers, while no detriment would be the share of the practitioner. We have never lost a "customer," from the reading of our LANCET, on the contrary, they see how "fearfully and wonderfully we are made," and are rather careful how they play with the delicate machinery of the human system.

During the past year, Dr. BUSHNAN, as editor, commenced in London the publication of a series of small-class works upon the Natural Sciences, under the title of "ORR's Circle of Natural Sciences," the first two Numbers, or volumes, of which have been lately issued from the prolific press of Messrs. BLANCHARD & LEA, of Philadelphia. Prof. OWEN has long ranked as one of the most distinguished Osteologists and Comparative Anatomists of the age, and the small volume on the "Principal Forms of the Skeleton and the Teeth" contains the results of a long series of observations and deductions, and is well adapted by its easy style and popular expressions to the understanding of every intelligent person. Dr. BUSHNAN's "Principles of Animal and Vegetable Physiology," is a careful resumé of the present state of this interesting Science, and cannot fail by the fluency of style and happy manner of composition, as well as by its illustrations to become highly appreciated by all classes of Readers.

The work issued by the Messrs. WOOD, of New York, although in another form, is written in the same intention—for popular as well as professional instruction; and the Authors have happily succeeded in producing a volume, abundantly and beautifully illustrated, that must command a wide and well merited circulation. We know of no better investment than the purchase of a copy of each of these works, which aft-

er having been profitably perused by our Readers, should be passed over to some friends, and thus the "circle" to be kept unbroken from one to another of their clients.

A Practical Treatise on Foreign Bodies in the Air-passages. By S. D. GAUSS, M. D., Professor of Surgery in the University of Louisville; Member of the American Philosophical Society; Author of "Elements of Pathological Anatomy;" "A Treatise on the Diseases of the Urinary Organs," etc. With Illustrations. Philadelphia: BLANCHARD & LEA, 1854. 8vo. pp. 468, cloth. From the Publishers.

This Volume may very appropriately be considered as a collection of "Curiosities" of Surgical experience in a special department of the Healing Art, the successful practice of which, even under the most favorable circumstances, requires of the professional man much determination of character, prompt action, sound judgement and a bold hand. It is a resumé of cases collated and arranged from every available source within reach of the judicious and accomplished Louisville Surgeon; and from these cases the Author has deduced rules, which may be considered special in relation to the symptoms, pathology, and treatment Surgical and remedial, of these frequently occurring accidents. We cannot enter into anything even like an analysis of the contents of this interesting work, and nothing less than long extracts with the comments they call for—which our space will not permit—can convey to our Readers an adequate idea of what has been, and may be expected under these circumstances, and the course to be adopted according to the numerous complications they present. As the importance and value of this work will command for it a rapid sale, we trust that in a second edition, an abstract of the case communicated for our LANCET, in August last, by Dr. PAQUET, of Canada, will find its proper place in the already large collection of cases in this volume, for this case presents many unusual and truly extraordinary features.

The Author has most admirably discharged his duty; we have nothing to say of the getting up of the book, it is sufficient to know that it is from the press of BLANCHARD & LEA, of Philadelphia; and that this volume, as a whole, is destined to take the highest authoritative rank among Surgical productions we are equally certain.

The Microscopic Anatomy of the Human Body, in Health and Disease. Illustrated with numerous drawings in colour. By ARTHUR HILL HASSALL, M. B., Author of a "History of the British Fresh water Algae;" Fellow of the Linnæan Society; Member of the Royal College of Surgeons of England; one of the Council of the London Botanical Society; Corresponding Member of the Dublin Natural History Society, etc. With additions to the Text and Plates, and an Introduction containing Instructions in Microscopic Manipulation. By HENRY VANANSDALE, M. D. In two Volumes, 8vo, Text, pp. 660; Vol. II. pp. 163 and 79 plates, containing 638 figures. New York: S. S. & W. Wood, 261 Pearl St., 1855. From the Publishers.

These Volumes tend admirably and satisfactorily to elucidate all the known facts revealed under the Microscope in a long series of observations and experiments, and are to be looked upon as the most complete in

this department; they are safe guides under all circumstances and will vastly assist the practitioner and Student in his study of normal and abnormal Anatomy. Although the English edition was very favorably received, the American reprint has greater claims to patronage than the original, as much valuable matter has been contributed by Dr. VANANSDALE, of which his introduction upon the use, varieties, etc., of the Microscope, the preservation of objects for examination, etc., forms if not the most valuable, at least one of the most instructive of his additions. The second volume consists entirely of plates with their explanation; they are well executed and many of them prettily and faithfully coloured, and reflect much credit upon the delineator, M. MILLER, and the lithographer, M. KELLOGG. Additional plates have also been introduced, and we sincerely hope that the intrinsic merits of these volumes, and the capital manner in which they have been issued, will secure for the worthy Publishers not only the thanks of the Profession, but what is equally agreeable though far more profitable a large and remunerative sale.

Publications received.

The Dublin Dissector, or a manual of Anatomy; comprising a description of the Bones, Muscles, Vessels, Nerves, and Viscera; also the Relative Anatomy of the different regions of the Human Body, together with the elements of Pathology. By ROBERT HARRISON, A. M., M. B., T. C. D., Member of and one of the Professors of Anatomy in the Royal College of Surgeons in Ireland, and one of the Surgeons of the City of Dublin Hospital. Third American, from the fifth enlarged Dublin edition, with additions by ROBERT WATTS, Jr., M. D., Professor of Anatomy in the College of Physicians and Surgeons in the City of New York; etc. New York: S. S. & W. Wood, No 261 Pearl St., 1854. 12mo. pp. 641, sheep. From the Publishers.

What to observe at the Bed-side and after death in Medical cases. Published under the authority of the London Medical Society of Observation. Second American, from the second and enlarged London edition. Philadelphia: BLANCHARD & LEA. 1855. 12mo. pp. 228, cloth. From the Publishers.

Essays on Infant Therapeutics: to which are added, observations on Ergot; History of the origin of the use of Mercury in Inflammatory complaints; together with the statistics of the Deaths from Poisoning in New York, in the years 1841-2 3. By JOHN B. BECK, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons, of the University of New York; Corresponding Member of the Royal Academy of Medicine of Paris, etc. Second edition, enlarged and Revised. New York: S. S. & W. Wood, 261 Pearl St. 1855. 12mo. pp. 168, cloth. From the Publishers.

The Principles and Practice of Obstetric Medicine and Surgery, in reference to the process of Parturition. With sixty-four plates and numerous wood-cuts. By FRANCIS H. RAMSBOTHAM, M. D., Fellow of the Royal College of Physicians of London, Obstetric Physician to the London Hospital, and Lecturer on Obstetric and Forensic Medicine at the London Hospital Medical College, etc. A new American edition, revised by the Author. With notes and additions, by WILLIAM V. KEATING, M. D., A. M., Lecturer on Obstetrics and the Diseases of Women and Children in the Philadelphia Medical Association, etc. Philadelphia: BLANCHARD & LEA. 1854. 8vo. pp. 648, sheep. From the Publishers.

Editorial Department.

TRUTH WITHOUT FEAR.

PLATTSBURGH, (NEW YORK;) MARCH, 1855.

A Word to our Readers.

Another half year has gone bye and brings us to the close of the sixtieth Number of the LANCET. We feel that we have but little to say to our Patrons, more than to renew the expression of our warmest acknowledgements for the very liberal and friendly patronage with which we have been honoured. This patronage increasing daily, is the most convincing proof that our publication is appreciated to a degree—let us be permitted to say—far greater than we ever anticipated it would attain. This *disappointment* is to us one of pleasure; and nothing will be wanting in us during the coming volumes to keep up the same spirit of interest that has characterized the LANCET since its commencement. Our increasing circulation and the large and constant demand upon our pages by favours from valued and intelligent correspondents, compelled us at the commencement of the present Volume to increase the dimensions of the LANCET, and to add to its original price. Both modifications, we are pleased to say, appear to have been acceptable to nine-tenths of our Patrons who have promptly renewed their subscriptions, and introduced the LANCET to the notice and secured the patronage of their professional neighbors. We may be allowed to say—*en passant*—that the matter which has appeared in the last seven Volumes of the LANCET has all been handed to our Compositors in *manuscript*, there was not one line of printed copy, and this large amount of material has been furnished and written by our numerous correspondents and ourself. Although this has entailed some considerable labour the reward has been proportionately great.

With the April Number, we enter upon the eleventh Volume of the LANCET and will do so with new type—if received in due time—and the publication will present an appearance in no wise inferior to any of its cotemporaries in its mechanical department, while for its literary operational merits we will rely upon the same sources from which we have derived so great and so valuable an assistance during the past years. We expect that some who have favoured us thus far with their patronage will, most likely with the reception of this Number, think best not to continue with us any longer; we thank them for their favours, and trust that they will experience no regret at the small outlay they have made for the Journal. Our terms remain as they always have been—strictly and invariably in advance; our success is solely attributable to the undeviating adherence to this plan, and from which we cannot on any ac-

court depart; and those of our friends, who may be kind enough to renew their subscriptions, will find it to their interest to do so with as little delay as possible, if they desire to secure unbroken files. To Subscribers, Correspondents, Publishers and Advertisers, we offer many and sincere thanks for their generous support, valuable contributions, and excellent and many favours.

University of Vermont.

The Second Session of this Medical Institution will commence on Tuesday, the Sixth of this month (March,) and continue sixteen weeks. The general Introductory Lecture will be delivered by Professor KANE, on the evening of the 5th, at Concert Hall, Burlington. The Faculty are fully prepared for the campaign, and will spare neither pains nor labour to make the course of instruction in the the University as thorough and practical as can be desired.

"El Porvenir Medico."

We acknowledge the receipt of the Numbers of this Journal, published at Madrid, for the months of October, November and December. It is under the editorial charge of Signor D. ENRIQUE SUENDER, and is published on the 5, 10, 15, 20, 25 and last day of each month, at 60 reals a year, for the "ostrangero." The Numbers before us are after the type of European Medical Journals—practical, concise and varied; and to those of our Readers acquainted with the Spanish, and wish to cultivate its further knowledge, we would recommend them to secure this Journal, by enclosing a draft to the editor, at "Calle de la Flora baja, No. 9, principal." In the ensuing Volume we will present to our Readers translations from the "Porvenir." While we place this Journal with great pleasure on our Exchange list, we cannot forbear from saying to the Editor in his own Castilian language: *Nosotros seriamos unos ingratos si dejáramos escapara una tal oportunidad de manifestar á V. nuestro mas vivo reconocimiento.*

Castleton Medical College.

We are pleased to learn that at the late Commencement of the Castleton Medical College, nineteen Gentlemen were honored with the Diploma of this School. The Valedictory address was delivered by the President, our friend, Professor PERKINS, who will please accept our thanks for a copy of his excellent, judicious and well written discourse. It is known to all our Readers that there are three Medical Schools in the Green Mountain State; and from report they are all doing very well, though there is

a sensible diminution in the number of young men just now engaging in the Study of Medicine. This state of things is much felt by all the Schools in the Country, though they must not feel discouraged as Doctors are in demand and rising.

The LANCET in Canada.

In closing this Volume of the LANCET we have much pleasure in renewing our obligations to the Profession in the two Canadas for their patronage towards our publication. We have aimed to be useful to the great body of supporters—the country practitioners—and the many letters we receive from the British Provinces, plainly indicate that we have come somewhat in “proximity” with the mark we had made as our guide.

Since September last—when the Upper Canada Medical Journal was discontinued—there has been but one Medical Journal published in the whole British Provinces, and although we have more supporters than we could reasonably expect North of 460, still we should have no objections to add a few more to our list; and this can be readily and successfully done by the use of our Readers’ influence with their professional neighbors who have not yet favoured us with their names and subscriptions.

Inhalations in Diseases of the Lungs.

Much of late has been said in Medical and Secular publications about the use and benefit of various vapours in pulmonary affections, and as we have for more than two years employed these vapours with the most remarkable advantage in numerous cases of phthisis pulmonalis in its different stages, in bronchitis, and lately in cases of well marked pneumonia, as also in coughs resulting from various causes, we intend in the ensuing Volume to contribute something on the treatment of these frequent and rebellious diseases. We make no secret of our plan of treatment among our conferees in this country, and if by its publication in the LANCET we shall aid in the least to the alleviation if not the cure, of some unfortunate patient, we shall deem ourself amply repaid for the labour and time bestowed upon a subject that has closely engaged our mind for a long time.

Atlanta Medical College, Georgia.

We acknowledge the receipt of the Annual Announcement of this School, and are pleased to see that it is fully organized, and prepared for action. The Faculty and curriculum are as follows: Anatomy, by M. G.

SLAUGHTER; Medicine, by J. W. JONES; Obstetrics, by J. BORING; Surgery, by W. F. WESTMORELAND; Physiology, by J. E. DuBOSE; Surgical and Pathological Anatomy, by G. T. WILBURN; Chemistry and Medical Jurisprudence, by J. J. ROBERTSON; Materia Medica, by J. G. WESTMORELAND, who is also Dean of the Faculty. The Course of Lectures in this School will be a Summer one, commencing on the first Monday in May and continuing till the last day in August. This plan—now first adopted in the South—will afford many advantages to Students who desire to complete the required time to admit them to the final examination without much loss of time; while to others it presents strong inducements by an uninterrupted course of instruction. The Faculty have for the present term secured rooms in the City Hall, at Atlanta; and they purpose to have a new and commodious building for their second course. The fees for a full course are \$105, while the other terms are the same adopted by the oldest and most prosperous Schools in the country. They have done a wise thing in not changing less—and do more—than some of the neighboring Schools. In this we see an indication of their desire to divide public patronage upon just and honorable grounds, and we sincerely hope that abundant success will crown their efforts.

Practical and Analytical Chemistry.---Prof. Erni.

There is no part of Medicine that has made such astonishing advances towards a nearly perfect state as Chemistry; and the numerous indefatigable labourers in this rich and almost exhaustless field vie with each other in their well directed pursuits to make Medicine, and more particularly the therapeutical appliances, rest upon a true and rational basis—Chemistry. While we have so many able men abroad whose names add to the already bright galaxy in the chemical firmament of Europe, we made bold to say that there are many Gentlemen of home and foreign origin in America, who, if not as well known as their European confreres, are not the less competent or worthy of a good name. We have the pleasure of an acquaintance with many of the prominent chemists of this country, and in true faith, and without disparagement, we feel disposed to award the palm to our colleague, and friend, HENRI ERNI, of Burlington, Vt. We have had ample opportunity of satisfying ourself of his intimate knowledge with every department of Chemistry, and have admired the patience and masterly manner with which he conducts his investigations, and the successful results to which he arrives. We know of no one more devoted to one object as Prof. ERNI is to Chemistry, and his well appointed Laboratory affords him all the facilities and conveniences for conducting the numerous experiments called for by his cherished study. This is saying much, but we are warranted in our expressions; and those who may have occasion to call his services into requisition, will, we hope, feel warranted in endorsing an opinion formed from personal acquaintance and observation.

8-10 No. 10
NO.

OCTOBER, 1854.

LV

NELSON'S

AMERICAN

LANCET.

Two Dollars a Year in Advance.

CONTENTS FOR OCTOBER. WHOLE NO. LV.

ORIGINAL DEPARTMENT.

ART. I. European Correspondence. By Prof. G. S. BEDFORD, of New York,	8
ART. II. Case of Enlargement of the Heart. By J. B. LEWIS, M. D. of Vernon, Conn.,	9
ART. III. A Case of threatened Abortion; the effects of camphor. By A. G. HELMICK, M. D., Prince Edward, Va.,	11
ART. IV. Case of Habitual Constipation in an Infant. By S. C. BROWN, M. D., of Domestic, Ohio,	18
ART. V. Starvation and Frost Bite; sloughing and amputation of both Legs; Abscess of the Femoral vein; Recovery. By J. A. DARLING, M. D., of Logan Court House, Va.	14
ART. VI. Case of Torticollis. By MARK STEPHENSON, M. D., Surgeon to the New York Ophthalmic Hospital,	15

ORIGINAL TRANSLATIONS BY THE EDITOR.

I. Clinical Remarks upon Hemorrhage during and after Delivery. By Professor DUBOIS,	18
II. On Acute Pleurisy. By F. L. VALLEIX,	21
III. Treatment of Dyspepsia. By M. GENDRIN,	26
IV. Organic disposition of the Uterus predisposing to Hemorrhage. By M. BITTERLIN,	30
V. Acetate of Morphine in Pneumonia. By Dr. CETTI,	31
VI. Treatment of Acute Articular Rheumatism. By M. FRED-AGNEL,	32

BIBLIOGRAPHICAL NOTICES.

1. A Universal Formulary; containing the methods of preparing and administering Official and other remedies. The whole adapted to Physicians and Pharmacutists. By W. EGLESFELD GRIFFITH, M. D. A new edition carefully revised and extended, by R. THOMAS, M. D. With Illustrations, Philadelphia: BLANCHARD & LEA, 1854, 8vo, pp. 651, cloth. From the Publishers.	33
2. A Clinical Introduction to the practice of Auscultation, and other modes of Physical Diagnosis, in Diseases of the Lungs and Heart. By H. M. HUGHES, M. D., Fellow of the Royal College of Physicians. Assistant Physician to Guy's Hospital. Second American from the second and revised London edition. Philadelphia: BLANCHARD & LEA, 1854, 12mo, pp. 304, cloth. From the Publishers.	33
3. Institutions for the Insane, in Prussia, Austria and Germany. By PLINY EARLE, M. D., one of the visiting Physicians to the Lunatic Asylum of the city of New York; late Physician to the Bloomingdale Asylum; Fellow of the College of Physicians and Surgeons of New York, and of the N. Y. Academy of Medicine. New York: S. S. & W. Wood, 261 Pearl St. 1854. 8vo. pp. 245, cloth. From the Publishers.	34
4. An Examination of the Practice of blood-letting in Mental Disorders. By PLINY EARLE, M. D., etc., New York: S. S. & W. Wood, 261 Pearl St. 1854. 8vo. pp. 126, cloth. From the Publishers.	34

EDITORIAL DEPARTMENT.

American and Canadian Medical School List, for 1854,	36
Club-rates; notices, etc.,	40

LANCET MONTHLY RECORD.

PRACTICE OF MEDICINE AND THERAPEUTICS:	
1. Agony how treated; 2. Morphia and creasote in Cholera Morbus,	41

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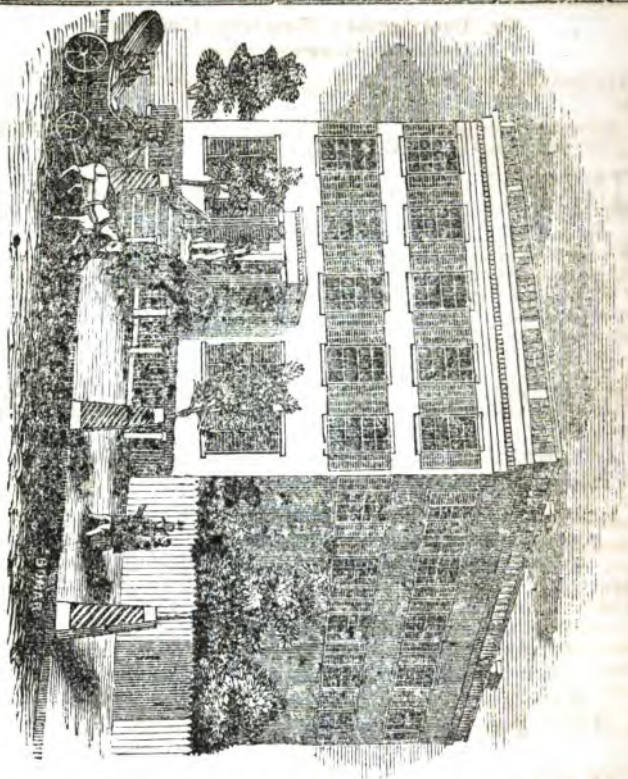
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V. W. BRINCKERHOFF. }

N. B. Particular attention given to repairing Instruments and war-
ranted. Aug.



NEW YORK PRIVATE LYING-IN-INSTITUTE.

Dr. THOMAS HOLMES, for the past six years Examining Physician for the Coroner of the City and County of New York, takes this method of informing the Profession and the Public that he has purchased eight lots of ground, corner of South-Sixth and Eighth Streets, Williamsburgh, L. I., and within five minutes' walk from Peck Slip Ferry, on which he has erected a large and commodious building, on the plan of *les Maisons de Sante*, in Europe, for the reception of puerperal females who desire a private confinement. Each patient can have a handsomely furnished room, having no communication with any other apartments. No pains will be spared to render the patient as comfortable and happy as they would be at home.

There are attached to the Institution an Anatomical Museum, a double suit of parlors, and a large garden, in which is erected an Ice Cream Pavilion.

The best Nurses will be provided for the subsequent care of the infants for those who may wish.

Doctors will confer a favour by directing cases of this kind to this Institution.

Vt. University Medical College.

Applications to be made, in any of the various modes, to the Institution.

I have long believed such an Institution as is established by Dr. HOLMES, calculated to relieve a great amount of female suffering, and to have a moral influence on society.

VALENTINE MOTT, M. D.

Professor of Surgery, in the University of the City of New York.
September 17th, 1849.

MY WORTHY FRIEND.—The establishment of such an Institution as you have in view, has been long required, to save the reputation of those who are misled by the deceitful promises of our own sex. From an association with you for the past three years, I say to all who desire the advantages of such an Institution, that I know of no person more capable than Dr. HOLMES, and few possess the kindness of heart which he has always exhibited while I have had the pleasure of knowing him.

WILLIAM A. WALTERS, M. D.

Coroner of the City and County of New York.

New York, Dec. 29, 1849.

N. B.—Five dollars will be promptly paid to every Physician who will recommend a patient to this Institution, if such patient be regularly admitted. Physicians will please send a note with the patient.

Directions.—Cross Peck Slip Ferry, at Peck Slip, or Division Avenue Ferry, at the foot of Grand Street. These Ferries land at the foot of South-Sixth Street, Williamsburgh, then keep up Sixth to Eighth Street.

University of Vermont.

MEDICAL DEPARTMENT.

SESSION 1855-56

Samuel W. Thayer, Jr., M. D., Professor of Anatomy and Physiology and President of the Medical Faculty.

Edward Kane, M. D., Professor of Theory and Practice of Medicine and Pathology

Walter Carpenter, M. D., Professor of Materia Medica and Therap.

Orren Smith, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Obstetrical Jurisprudence.

Henry Erni, Professor of Chemistry, Pharmacy, and Toxicology.

Horace Nelson, M. D., Professor of Surgery and Surgical Jurisprudence

LECTURES.—There will be delivered in the Medical Department of the University of Vermont, at Burlington, an annual Course of Lectures commencing on Thursday the 6th of March, and continuing sixteen weeks.

FEES.—Matriculation, \$3; Full Course of Lectures, \$50; Graduation, \$18. Students who have attended two full Courses of Lectures at other Institutions, will be admitted by paying the Matriculation Fee, and a fee of Ten Dollars.

Information to those who

SOMETIMES THINK. CAN THERE BE TO THE PHYSICIAN A
MORE IMPORTANT SUBJECT FOR REFLECTION THAN THE EFFECT
OF HIS PRESCRIPTION?

The regular Practitioner of Medicine has almost insurmountable difficulties to contend with, in the fact, that his prescriptions are necessarily little better than experiments, more particularly the Physician of the South and West, from the fact that the purity and strength of Medicines vary so very materially.

It is well known that Laudanum is usually made from the most inferior and unsaleable pieces of Opium, which seldom if ever contain half the proper quantity of Morphine.

Rhubarb is powdered from roots, varying in price, from \$1 to \$2 per pound, and "Turkey" Rhubarb from roots at \$2 up to \$5. The lower prices, of course, more or less decayed and worm-eaten, and thus being unsaleable, are powdered and colored to sell "cheap."

Instead of Jalap, large quantities of the "Spurious Jalap," and also of a variety known as "Jalap Tops," are sold at about one-quarter the price of the True Jalap.

For Peruvian Bark, at least a thousand pounds of the worthless, inert Carthagena and Maracaibo Bark, are ground and sold for every pound of the true Peruvian Calasaya Bark.

Now, if these are facts—and they certainly are well-known facts, and very serious facts, too—how is it possible to prescribe with any certainty? Is prescribing with such Medicines anything else than experimenting?

And that they are facts, is abundantly proved by the Report of the Custom House Inspector of Drugs and Medicines, and also by the Report of the Special Commissioner of the Secretary of the Treasury, on adulterated and Spurious Drugs; which Reports, shocking and humiliating as they are, do not show a tithe of the facts in regard to the wholesale adulteration of Medicines.

Ought not the whole Profession feel that their reputation, their success, and the lives of their patients, should rest on a surer foundation than "guess-work" or experiments?

Are not Pure Medicines far safer for the reputation of a Physician, and far more economical, taking success in view, than cheap Medicines, which are entirely unreliable, even when they may have any virtue?

THEREFORE, your earnest attention is requested to a branch of business intimately connected with success in the treatment of disease. It is well known among dealers, and yet not generally known by the profession and the public, that PURE and GENUINE medicines, particularly pure powdered drugs, from the first quality of gums and roots, are scarcely procurable in this country, and therefore physicians often prescribe medicines to meet certain indications in the disease of the patient, without obtaining the desired and beneficial result. To enumerate the articles of adulterated medicines that are daily sold in market, would be to name almost the entire list of the materia medica. From the finer and more important chemicals and pharmaceutical preparations, such as MORPHINE, QUININE, HYDRIO DATE POTAS, CALOMEL, BLUE PILL, etc., etc., down to the most common, and daily use, such as Cream Tartar, Rhubarb, Ipecac, etc., the adulteration are so adroitly made that (without analysis) even the closest inspection will fail to detect them. Quinine is often found largely adulterated (in some instances more than half,) with Manite and other substances. Blue mass and Calomel have been found much more than half adulteration. A gentleman, at one time connected with an extensive manufacturing establishment, informed us that, just before he left England, the factory turned out more than four thousand pounds of blue

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pill, containing Barytes, instead of Mercury; and that all was destined for the American market.

Knowing this matter to be worthy the first and earnest attention of the practitioner, we would respectfully ask attention to the accompanying Circular.

CIRCULAR

We wish to call particular attention to our **EXTRA POWDERS**, which are pulverized from selected roots and gums of the very best quality, and when necessary, every piece is broken and examined under our own immediate supervision, and consequently possess a purity hitherto unknown in this country, and a uniformity of action upon which the physician may rely with perfect confidence.

Our powdered Ipecac., *Extra*, also, will be found much superior to the usual article of commerce, being made from the true Brazilian Ipecacuanha, and consisting solely of the active outer coating of the root, carefully separated from the ligneous parts, and from all other inert matters. We powder only the roots of the true Mexican Jalap. In pulverizing Colocynth, *Extra*, we retain only the active pulp of the apple, rejecting the seeds; which latter constitute the principal part of the weight of the fruit, and nearly inert. Powdered Rhubarb, *Extra*, we prepare from the best East India Rhubarb, which is culled over with great care, every root being broken to detect any unsoundness. The powdered Resin Guaiaac, *Extra*, is the pure Resin collected in tears, entirely free from the dross and dirt usual to the ordinary Guaiaac of commerce. The Scammony, also, is powdered from an article differing in appearance, and very much superior to what is usually sold for Aleppo Scammony. Blue Pill, bearing our label, will always contain one-third part of Mercury, and our Hydro-sublimed Calomel will be found to be of a superior and regular quality. Many of the roots from which the **EXTRA POWDERS** are prepared, are **SIFTED** and **WASHED**, and so many extraneous roots, etc., etc., are culled out, that the loss is often from one-quarter to one-third of the original weight, making, consequently, a very different article from the ordinary Powders of commerce.

PARTICULAR NOTICE.—Having repeatedly heard that it is asserted that the **SUPERIOR QUALITY** of our **EXTRA POWDERS**, and the **UNUSUAL CARE** in preparing them, is all pretence, and that no one would take so much trouble and time, we merely state that *we have on hand, to show to any one doubting the facts, the Stems culled from cubebs, the seeds taken from the Pulp of the Colocynth, the woody inert parts of the Ipecac, the extraneous roots culled from Pink, Senega, Serpentaria, etc., and various other tangible proofs of the difference between our EXTRA POWDERS and the ordinary Powders of the trade.*

Care is taken to have these "Extra Medicines" not only *pure*, but of the *best quality procurable*. When required, any of these articles can be obtained of us in their original state, as some may desire a superior article to use unpowdered. The *life* of the patient, as well as the *success and reputation* of the *physician and apothecary*, depends so much upon the prompt action of the medicines used in sickness, that we feel every confidence that any effort to furnish them with pure and superior drugs will be fully appreciated. To preserve the preparations from being injured by the air and moisture, they are generally put up in bottles and jars, containing one pound each, and also in five and ten pounds canisters. They should be kept as much as possible from the light.

It will be observed that the prices of these superior articles are necessarily higher than those of the ordinary kind, and physicians and merchants at a distance, when they wish this quality sent them, are particularly requested to write for the "EXTRA MEDICINES" of

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DRUGGISTS AND CHEMISTS, NEW YORK.

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EXTRA POWDERS.

Aromatic Powder, U.S.P.	Pulv. Digitalis,	Pulv. Orange Peel,
Pulv. African Pepper,	" Elece unpane,	" Orris Root,
" Alum,	" Ergot,	" Pepper, Cayenne,
" Allspice,	" " 1 oz. vials,	" American,
" Aloes, Cape,	" Ext. Colocynth C'd,	" Pepper, Black,
" " Socot,	" " Licorice, Calab,	" Peruv. Bark, Loxa,
" Assafoetida,	" Fœnugreek Seed,	" " " Red,
" Antim. Ref. Blk.	" Gentian Root,	" " " Calisaya,
Sulph.	" Ginger, Jamaica,	" Prickly Ash,
" Angostura Bark,	" Golden Seal,	" Pink Root,
" Aniseeds,	" Guaiac Resin, Tears	" Pleurisy Root,
" Bayberry Bark,	" Gum Arabic, Turk.,	" Rhubarb, Turkey,
" Belladonna,	" Gamboge,	" " " E. India,
" Blood Root,	" Mastich,	" Rhatany Root,
" Bitter Root,	" Myrrh,	" Saraparilla, Para,
" Black Root,	" Tragacanth,	" Sage,
" Borax,	" Hellebore, White,	" Summer Savory,
" Buchu,	" Hyosciamus,	" Sweet Marjoram,
" Caraway Seeds,	" Ipecac,	" Sabina,
" Cantharides,	" Ipecac and Opium,	" Senna, Alex.
" Canella Alba,	" Jalap,	" Seneca Root,
" Cardamon, (seeds),	" Kino, True,	" Scam. Aleppo, No. 1
" Cicuta,	" Lobelia,	" " Virgin,
" Cranesbill,	" " Seeds,	" " " 1 oz.
" Cloves,	" Mandrake,	" vials,
" Cinnamon ordinary,	" Marsh Rosemary,	" Snakeroot,
" " Ceylon,	" Mace,	" Squills,
" Cohosh, Black,	" Mezerion,	" Sulphate Copper,
" Columbo,	" Nux Vomica,	" " Iron,
" Colchicum Root,	" Nitrate Potass, Pure,	" " Potass,
" " Seed,	" Nutmegs,	" Uva Ursi,
" Colocynth Pulp,	" Nutgalls,	" Valerian, English,
" Cubebs,	" Opium, Turkey,	" ETC., ETC., ETC.

Bottles and Cans at cost. When put up in 1-4 and 1-2 lb. Bottles, at 10 cents per lb. advance.

As many of the Gums, etc., are of *unusual purity*, for instance, Guaiac, Aloes, Assafoetida, etc., etc., they are very liable to run together and become solid. Even the ordinary common Gums of Commerce are so apt to run together, that Drug-Grinders generally grind with them some woody substance, such as Licorice-root, Gentian-root, etc., etc. Some roots that are rich in resin, such as Rhubarb, Jalap, etc., are also apt to agglomerate. The **EXTRA POWDERS**, being perfectly pure, and free from all foreign substances, are therefore more liable to become solid than the common qualities; but where they do so we will replace them with others that are freshly powdered.

Pure Chemicals prepared at our Laboratory.

Ammonia Aqua,	Cryst.	Syrup Iodide Iron,
" " Liquor Fort.	" " Protoiod.	Sulphuret Potassa,
Ammoniated Alcohol,	Morphine, Sulphate,	Valett's Ferruginous
Argent Nitras,	" " Acetate,	Mass,
" " Crystals,	Granville's Lotion,	Zinci Acetas,
Lunar Caustic No. 1, 2, 3	Gallie Acid,	Zinci Sulphas,
Ferri Carb. Precipitated	Oil Copaiva,	Zinci Chloride,
" Sulphas, Pure,	Oil Cubebs,	Chlorode Soda de La-
" " Exsiccated,	Precipitate Chalk,	baraque,
Iodide Arsenic,	Prussic Acid,	Confection Roses,
" " Lead, Crystals,	Potassu Nitras, Pure,	" Senna,
" Iron,	Strychnine,	Blue Pill Mass,
Mercury, Bin Iodide,	Spirits Nitri Dulci,	Ungt Mercurial,

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Many of these chemicals differ *decidedly in appearance* from the chemicals of commerce, as well as in their *valuable properties*, and bear externally the style of our manufacture, BEING IN CRYSTALS, AND HAVING THE PECULIAR CRYSTALLINE CHARACTERISTIC of each article; while those usually sold are in the powdered state, in which form it is difficult to judge of purity.

The Crystals of the Iodides of Lead and Mercury, and the Sulphate of Morphine more particularly, are much esteemed by all who have tried them, and our soluble Precipitate Carb. Iron, Nitrate of Silver, Extra Blue Pill Mass, hold the first rank among choice chemicals.

Our **Hydro Alcoholic Extracts** are prepared by steam process in a **Patent Vacuum Apparatus**, and at the *low temperature* of nearly one hundred degrees *below* the boiling point, so that the valuable properties of the plant are preserved uninjured, and at the same time a *consistence, color, and taste* are obtained which are not found in the vegetable extracts now in common use, and which are sufficient evidence of their superiority. Among them are the following Extracts:—Belladonna, Butternut, Buchu, Bloodroot, Boneset, Conium, Chamomile, Colocynth Ordinary, do. Opt. Dandelion, Alcohol, do. Inspissat, Digitalis, Gentian, Opt., do. Ordinary, Hyosciamus, Hops, Jalap, Lupuline, Mandrake, Nux Vomica, Opium, Pink root, Quassia, Rhubarb, Sarsaparilla, Simpl., do. Comp., Pure Alcoholic, Hond do., Stramonium, do. seeds, English Valerian, Dutch do.

Observe, that it is a well-established fact, *that many plants which, in their native conditions, are possessed of very active medicinal properties, lose by cultivation their peculiar characteristics, and become nearly inert. Some vegetables which belong to poisonous families of plants, by cultivation are made innocuous, and are freely eaten as food, as the Potato, Parsnip, Celery, etc.*

To ensure to our Extracts, such as Hyosciamus, Belladonna, Conium, etc., all the active therapeutical effects which they should possess, we take pains to procure the Herbs from which they are prepared, from places where they are indigenous to the soil, viz: from Germany, France, India, England, etc., and they are consequently much superior to Extracts made from the cultivated Plants of American growth.

The difference is very apparent between these *Extracts* and those of any other make, not only in *appearance*, but also far more in flavor and in the peculiar aroma of the herbs; so much so, that even without the labels, they are easily distinguishable by the *taste and smell*. These are facts of so much importance, that they should be remembered by all who have occasion to use medicinal vegetable extracts.

These Extracts, together with our Pure Chemicals and Extra Powders, have received the unqualified approbation of various Medical Associations, and of Physicians and Apothecaries, and have elicited many complimentary letters on their good qualities. The following token of approbation is from the Ohio Medical Convention:—

“Resolved.—That the thanks of the Medical Profession are due to the house of PHILIP SCHIEFFELIN & Co., of New York, for their efforts to furnish the community with pure drugs; and we recommend their Extra Medicines to the confidence of Dealers and Practitioners.”

Their *superior efficacy* in all prescriptions will at once be apparent to every one who reflects upon the difficulty oftentimes experienced in the administration of the common drugs of commerce, and the *loss of life* and of *reputation* consequent upon the use of *inert remedies*.

COD LIVER OIL.—The great and increasing demand for COD LIVER OIL, and the difficulty of procuring the oil in its pure state, and -uc as we can guarantee to our customers, have induced us to send an agent to the fisheries, for the purpose of having the best article that can be offered in market. This article will also bear our label when put up in bottles, and be warranted pure, when ordered in bulk.

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Dr. Stephenson's Lectures

commerce, carefully selected, and the best that can be procured. Our Essential Oils and other Liquids we obtain from the most reliable sources, and are submitted to every known test for impurities; and we avoid purchasing any kind of Drugs in the powdered state.

Our arrangements and facilities are such that we can offer inducements to Dealers which must influence all who not only like to have a fair equivalent for their money, but at the same time to have Goods that *are* what they *purport* to be, and such as will bear the strictest examination and analysis.

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MORPHINE.—Our Morphine having acquired a reputation superior to any other, those who have occasion to use the article will be satisfied of its excellence by giving it a trial.

~~Also~~ We also prepare the *Syrup of Iodide of Iron, U. S. P.*, now so highly esteemed as a remedy in Scrofulous Complaints, and also Dupasquier's *Syr. Iod. Iron*, which is a much milder preparation, and better adapted for Ladies and Children. These articles (which it is of the greatest consequence to Physicians to have of reliable quality) are, with our other preparations, offered to the notice of those desiring PURE DRUGS AND CHEMICALS.

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NEW YORK OPHTHALMIC HOSPITAL,

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By special request of the preceding class Dr. STEPHENSON will repeat his Introductory Lecture on the "Qualifications requisite to constitute an accomplished Ophthalmic Surgeon, and the only means by which they may be attained."

The Pupils of the Class will also receive special Clinical Instruction at the Hospital three times a week, where over 2,000 cases have been treated within the last two years.

Tickets for the Course, \$3 for the benefit of the Institution. For further particulars inquire of the undersigned at 167 East 14th Street New York.

Mark Stephenson, M. D.

Surgeon of N. Y. Ophthalmic Hospital.

Extract from the Resolutions of the Class 1853-4:

"Resolved, That we urgently solicit Dr. STEPHENSON to deliver the same eloquent and interesting Introductory Address that he delivered at the commencement of the present Session, and that we recommend all who wish to acquire a thorough knowledge of the Eye, its diseases and their treatment, to attend to his Lectures and Clinical Instruction:

J. P. BUTZ, Pennsylvania,	} Committee."
W. L. EASTBROOK, Maine,	
C. P. SUTTON, Alabama,	

At the close of the course the Members of the class will receive an examination and a Hospital Certificate signed by the Officers, Surgeons, and Consulting Surgeons, one of whom is Professor VALENTINE MOTT.

October, 1854. 3

The Scientific American,

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VOLUME TEN OF THE "SCIENTIFIC AMERICAN" commences on the 16th of September. It is chiefly devoted to the advancement of the interests of **Mechanics, Inventors, Manufacturers and Farmers**, and is edited by men practically skilled in the arts and sciences. Probably no other Journal of the same character is so extensively circulated, or so generally esteemed for its practical ability. Nearly all the valuable Patents which issue weekly from the PATENT OFFICE are illustrated with engravings, and the claims of all the Patents are published regularly in its columns as they are issued, thus making it a perfect SCIENTIFIC AND MECHANICAL ENCYCLOPEDIA of information upon the subjects of **Mechanical Improvements, Chemistry, Engineering** and the **Sciences** generally. It is published weekly in quarto form suitable for binding, and each volume contains FOUR HUNDRED AND SIXTEEN PAGES of Reading matter, SEVERAL HUNDRED ENGRAVINGS, with a full and complete Index. Its circulation on the last volume exceeded 23,000 copies per week, and the practical receipts in one volume are worth to any family much more than the subscription price.

The following CASH PRIZES are offered by the Publishers for the fourteen largest lists of subscribers sent in by the 1st of January, 1855:—\$100 will be given for the largest list; \$75 for the second; \$65 for the third; \$55 for the fourth; \$50 for the fifth; \$45 for the sixth; \$40 for the seventh; \$35 for the eighth; \$30 for the ninth; \$25 for the tenth; \$20 for the eleventh; \$15 for the twelfth; \$10 for the thirteenth; and \$5 for the fourteenth. The cash will be paid to the order of the successful competitor immediately after the 1st of January, 1855.

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JOSEPH HENLEY.

New York, June 12th, 1854.

University of Nashville.

University of Nashville.

MEDICAL DEPARTMENT.

The Fourth Annual Course of Lectures in this Institution will commence on Monday the 30th. of October next, and continue until the first of the ensuing March.

ROBERT M. PORTER, M. D., General and Special Anatomy.

J. BERRIEN LINDSLEY, M. D., Chemistry and Pharmacy.

C. K. WINSTON, M. D., Materia Medica and Medical Jurisprudence.

A. H. BUCHANAN, M. D., Surgical and Pathological Anatomy.

THOMAS R. JENNINGS, M. D., Institutes of Medicine and Clinical Medicine.

W. K. BOWLING, M. D., Theory and Practice of Medicine.

JOHN M. WATSON, M. D., Obstetrics and the Diseases of Women and Children.

PAUL F. EVE, M. D., Principles and Practice of Surgery.

WILLIAM T. BRIGGS, M. D., Demonstrator of Anatomy.

The Anatomical rooms will be opened for Students, on the first Monday of October.

A full *Preliminary Course* of Lectures, free to all Students, will be given by the Professors, commencing also on the first Monday of October.

A Clinique has been established, in connection with the University at which operations are performed and cases prescribed for and Lectured upon in presence of the Class.

Arrangements have been made to accommodate all patients requiring Surgical operations.

Amount of Fees for Lectures in the University is \$105. Matriculating Fee (paid once only) \$5; Practical Anatomy, \$10; Graduating Fee \$25.

Excellent Board can be obtained for \$3.00 per week. Further information can be obtained by addressing the Dean.

J. B. LINDSLEY, M. D., Dean of the Faculty,
No. 33, College Street.

Nashville, Tenn. March 1854.

New York Medical College.

New York Medical College.

The next Annual Course of Lectures in the New York Medical College, will commence on Wednesday the 18th. of October, 1854, and continue until the 1st of March, 1855.

HORACE GREEN, M. D.,

*President of the Faculty, and Professor of Theory and Practice of Medicine
No. 12 Clinton Place.*

EDWIN HAMILTON DAVIS, M. D.,

Professor of Materia Medica and Therapeutics, No. 136 Fourth Avenue

B. FORDYCE BARKER, M. D.,

Professor of Midwifery and Diseases of Women and Children, No. 22 West Eleventh St.

R. OGDEN DOREMUS, M. D.,

Professor of Chemistry, No. 22 West Eleventh St.

J. M. CARNOCHAN, M. D.,

Professor of the Principles and Operations of Surgery, No. 2 Waverley Place.

EDMUND R. PEASLEE, M. D.,

Professor of General, Descriptive and Microscopic Anatomy.

EDWARD H. PARKER, M. D.,

Professor of Physiology and Pathology, No. 84 Irving Place.

JOEL PARKER, LL. D.,

Professor of Medical Jurisprudence.

D. S. CONANT, M. D.,

Demonstrator of Anatomy, No. 176 Third Avenue.

A preliminary Course of Lectures will commence on Monday, the 2nd. of October, which will be independent of the regular Course and will be free to all Medical Students.

The Dissecting-rooms will be opened for Classes on the First of October.

This College has just received from Europe a most valuable and extensive Museum, fully representing external and internal Pathology, together with the whole series of Microscopist Models,

The advantages which New York offers for Clinical Study far surpass those of any other City. The Students of this College can have access to the New York Hospital, Bellevue Hospital, and Emigrants' Hospital, as well as to the Eye and Ear Infirmary, and the various Dispensaries of the City. A Surgical and a Medical, and an Obstetrical Clinique will be held weekly by the Professors of these Departments. Obstetrical cases and subjects for Dissection are abundantly furnished for the Students.

FEES. Matriculation, \$5; Demonstrator's Ticket, \$5; the full Course, \$105; for the final examination, \$30.

Students coming to the City should call immediately at the College edifice, where the Janitor will furnish them the requisite information concerning boarding houses.

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JOHN HASLETT, M. D.

President of the Board of Trustees, and late Surgeon U. S. Navy.
Brooklyn, Dec. 17th, 1851.

Having examined and tested the Surgical Instruments of JAMES DEMPSTER, I take great pleasure in pronouncing them for beauty, finish and practical use, unsurpassed.

D. AYERS, M. D.,

Brooklyn, Dec. 17th, 1851.

Brooklyn, N. Y., Dec. 23d, 1851

It gives me much pleasure to testify to the superior quality of the Instruments of JAMES DEMPSTER, of New York. Those furnished by him to the Brooklyn City Hospital, and several cases made for myself, I think are equal, if not superior to any I have ever seen.

JAMES M. MINOR, M. D.,
Surgeon Brooklyn City Hospital, late passed Assistant Surgeon, U. S. N.

D. can also refer to Dr. CHEESEMAN and other eminent Surgeons of New York.

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TO PREPARE THE ACTIVE PRINCIPLES OF INDIGENOUS AND
FOREIGN MEDICAL PLANTS.

Most of the articles which we prepare, are in the form of *Powders*. This is a desideratum which has long been felt both by Physicians and Druggists. One great and principal objection to the use of many vegetable remedies has been, that it required such large doses of the article, in its crude state, to accomplish the desired effect, that the bulk alone would defeat the entire purpose for which it was administered, by cumbering and distending the stomach, so that persons of a weak or delicate organ have often received more injury than benefit from such drugging.

Great improvements have been made, by the preparation of the various *Extracts*. But these are not without their objections. Though generally better than the crude article, yet they are inconvenient to administer, on account of their semi-solid consistence. Many of them, also, are not reliable, having been prepared by those who understood imperfectly their business, having destroyed or thrown away the active principle, and very cautiously bottled up the sugar, starch, and extractive matters, dried down to a thick syrup or jelly. That such preparations should disappoint the Physician, and lead him to look with distrust upon the whole class of *Extracts*, is a natural result. But it is an evil which is working its own reform. We have so far improved upon these principles that we present to our customers, the active properties of each plant, in a state nearly chemically pure, getting rid of the gum, saccharine, and ligneous matters, which form the great bulk of ordinary medicinal powders. Country Physicians, who have to perform the double office of Physician and Druggist, have especially felt the need of more certain and convenient preparations, and from them we have not been disappointed in our expectations, by receiving their hearty approval and patronage.

Organic Chemistry, or the examination of the active principles of plants, is, as yet, in a state of comparative infancy. There is a large field left unexplored, inviting the researches of the chemical student for its rich treasures and rare beauties. So far as the articles which we prepare are concerned, but little attention has been devoted to them, and the only information on them, is to be found in scattered papers, in the journals. As a result of this neglect, much time and money have been expended on each article, by way of experiment, before we could ascertain in what consisted the active principle of such article, and the best mode of obtaining it. But we spare no pains, nor reasonable expense to perfect every substance which we prepare, as well by our own efforts as by calling to our aid chemists, as good as can be procured in the country.

The great pyramid of our *Materia Medica* has been many hundreds of years in process of erection; yet no liberal minded man will contend that the noble structure is yet complete. That part which is built from the Mineral Kingdom, presents the most beautiful finish, because upon it there has been the most labor bestowed. But the Vegetable Kingdom is yet destined to fill many a vacant niche, and furnish some corner stones in this structure. Our object is, to lend a helping hand in this progressive work, and present the Medical Profession with

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That the articles which we manufacture, possess ALL of these qualities, we are assured by the success which has attended our efforts, and the many letters of commendation and satisfaction, which we receive from those who have used them. The demand has so increased that we have had to extend our facilities for manufacturing, and in future hope to be able to answer all orders promptly.

The following is a list of the medicines which we offer for sale. Only a part of these are official, or according to the United States Dispensatory; but, believing that they possess sufficient medicinal virtues to entitle them to that honor, we take the liberty to present them to the notice of the profession, and all we ask is, that, as we have been led to extend our business, our efforts may meet with a continued and increased approval from practicing Physicians.

LIST OF ARTICLES.

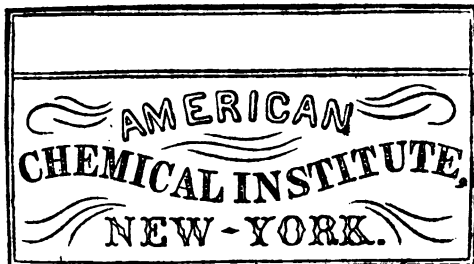
<i>Powders.</i>	<i>Obtained from.</i>	<i>Powders.</i>	<i>Obtained from.</i>
Apocynin,	Apocynum Androsaemifolium	Menisperm,	Menispermum Canadense
Asclepin,	Asclepias Tuberosa.	Myricin,	Myrica Cerifera.
Caulophyllin,	Caulophyllum Thilictroides.	Podophyllin,	Podophyllum Peltatum.
Chelonin,	Chelone Glabra.	Phytolacin,	Phytolacca Decandra.
Cypripedin,	Cypripedium Pubescens.	Rhusin,	Rhus Glabra.
Euonymin,	Euonymus Americanus.	Sanguinarin,	Sanguinaria Canadensis.
Gelsemin,	Gelsemium Sempervirens.	Senecin,	Senecio Gracilis.
Geranin,	Geranium Maculatum.	Stillingin,	Stillingia Sylvatica.
Helonin,	Helonias Dioica.	Viburin,	Viburnum Oxyocoeus.
Hydrastin,	Hydrastis Canadensis.	Xanthoxilin,	Xanthoxylum Fraxineum.
Hydrastine,	" "		
Irisin,	Iris Versicolor.	Oil of Capsicum,	
Jalapin,	Ipomoea Jalap.	Oil of Lobelia,	
Leptandrin,	Leptandria Virginica.	Con. Tinct. of Gelsemium Sempervirens.	
Lobelin,	Lobelia Inflata.	Concentrated Tinc. Veratrum Viride.	
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Parental solvents in Gout; 11. Caffeine in Hemiorania; 12. Aro- matic Sulphuric acid in Hiccough; 13. Treatment of Hypochond- riasis; 14. New mode of combining Iron and Manganese,	44
OF SURGERY:	
Treatment of Burns by Collodion,	44
White Sulphuric Acid in Constitutional Syphilis; 17. Collodion in Epididymitis; 18. New mode of arresting Epistaxis; 19. Reduc- tion of dislocation of the Femur in the ischiatic notch; 20. Treat- ment of Gonorrhœa,	45
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OF WOMEN AND CHILDREN:	
Treatment of Mammary Abscess; 25. Semiology of the anterior cervix; 26. Oxide of Zinc in Menorrhagia; 27. Application in Leucitis Vulvæ; 28. Treatment of Trismus Nascentium,	47
Readers and Correspondents,	48

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Virginia. Drs. T W Meagher, J W Settle, G M Bowen, Cook.
Wisconsin. Drs. J Parker, J B Talcott.

PUBLICATIONS OF THE MONTH

Received at this Office.

Auscultation and Percussion. By Dr. JOSEPH SKODA. Translated from the Fourth Edition. By W. O. MARKHAM, Assistant Physician to Mary's Hospital. Philadelphia: LINDSAY & BLAKISTON, 1854, 12mo. pp. 380; cloth.

The Physician's Visiting List, Diary, and Book of Engagements, for 1854. LINDSAY & BLAKISTON.

A Practical Treatise on Asiatic Cholera, etc., etc. By THOMPSON M. GOWN, M. D., of Memphis, Tennessee. 8vo. pp. 30. From the Author.

Observations on some of the Remedial properties of Simaba Cedron, and on its employment in Intermittent Fever. By S. S. PURPLE, M. D. Editor of the New York Journal of Medicine, etc. 8vo. pp. 16. From the Author.

The Half-yearly Abstract of the Medical Sciences. Edited by W. RANKING, M. D., and C. B. RADCLIFFE, M. D., No. 19. January to June 1854. LINDSAY & BLAKISTON. 8vo. pp. 318.

Transactions of the Fifth Annual Meeting of the Medical Society of the State of North Carolina, held at Raleigh, N. C., May, 1854. 8vo. pp. 72. From the Secretary, S. S. SATCHWELL, M. D.

COMMUNICATIONS, received from Drs. J. B. C. GAZZO, of Thibodaux, Louisiana; J. McNEIL, Salem Cross Roads, Pennsylvania; ALTHUR PATERSON, Esq., Woodstock, Canada West; Prof. ERNI, Burlington, Vt.; Prof. KANE, Plattsburgh, N. Y.

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DOUBLE NUMBER.

NO.

DECEMBER, 1854.

LVII-VIII.

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Cypripedin,	Cypripedium Pubescens.	Rhusin,	Rhus Glabra.
Euonymin,	Euonymus Americanus.	Sanguinarin,	Sanguinaria Canadensis.
Gelsemin,	Gelsemium Sempervirens.	Senecin,	Senecio Gracilis.
Geranin,	Geranium Maculatum.	Stillingin,	Stillingia Sylvatica.
Helonin,	Helonias Dioica.	Viburnin,	Viburnum Oxyococcus.
Hydrastin,	Hydrastis Canadensis.	Xanthoxilin,	Xanthoxylum Fraxineum.
Hydrastine,	"		
Irisin,	Iris Versicolor.		
Jalapin,	Ipomoea Jalap.		
Leptandrin,	Leptandria Virginica.		
Lobelin,	Lobelia Inflata.		
Macrotin,	Macrotys Racemosa.		

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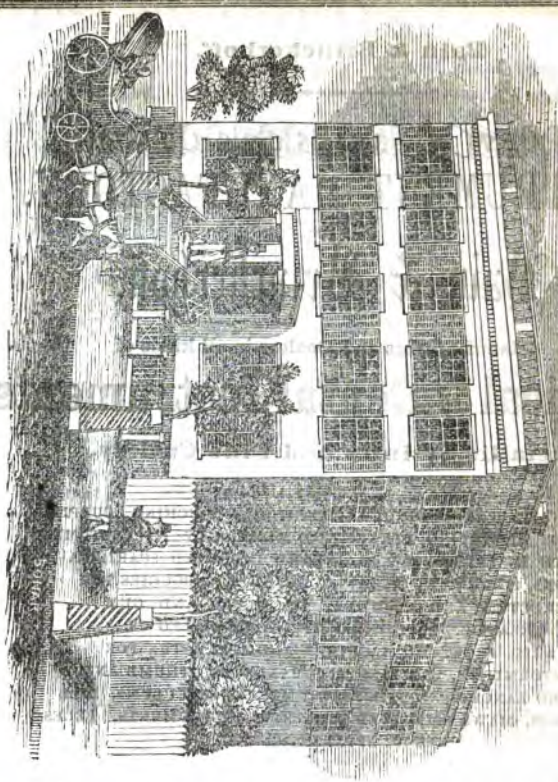
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The regular Practitioner of Medicine has almost insurmountable difficulties to contend with, in the fact, that his prescriptions are necessarily little better than experiments, more particularly the Physician of the South and West, from the fact that the purity and strength of Medicines vary so very materially.

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And that they are facts, is abundantly proved by the Report of the Custom House Inspector of Drugs and Medicines, and also by the Report of the Special Commissioner of the Secretary of the Treasury, on adulterated and Spurious Drugs; which Reports, shocking and humiliating as they are, do not show a tithe of the facts in regard to the wholesale adulteration of Medicines.

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October, 1854. 3

erties of the Rhamus catharticus; 48. Lotion for Chilblains; 49. Treatment of Cholera Morbus; 50. Treatment of Chorea; 51. How to administer Cod-liver oil,	138
52. New Collodion; 53. Electuary for Habitual Constipation; 54. Sulphate of Quinine in Croup; 55. Extract of Conium in Delirium Tremens; 56. Treatment of Diarrhœa; 57. Dropsy; 58. New hæmostatic in Hemoptysis; 59. Preparation for hæmoptysis,	184
PRACTICE OF SURGERY:	
60. Strychnine in amaurosis; 61 Ointment for fissures of the anus; 62. Chloroform vapour in Anthrax; 63 Specific for carbuncles; 63. Causmic for carcinomatous tumours; 65. Uses of collyria; 66. Treatment of vascular opacity of the cornea,	185

CONTENTS FOR JANUARY. WHOLE NO. LVIII.

ORIGINAL DEPARTMENT.

ART. XVIII. Remarks on "Revalenta Arabica," and Mineral Waters. By Prof. ERNI, of the University of Vermont,	137
ART. XIX. On the use of Ammonia in Snake-bite. By G. A. CUTLER, M. D., of Gentryville, Missouri,	140
ART. XX. Fatal Case of Dysentery. By R. E. HAUGHTON, M. D., of Knightstown, Indiana,	141
ART. XXI. Treatment of Habitual Constipation. By F. J. STRATTON, M. D., of Mount Healthy, Ohio,	142
ART. XXII. "Case of Habitual Constipation in an Infant." By O. C. GIBBS, M. D., of Perry, Ohio,	143
ART. XXIII. Remarks upon Convalescence. By Prof. KANE, of the University of Vermont. [Continued from page 121.]	143

CLINICAL DEPARTMENT.

CLINICAL LECTURES on the Diseases of Women and Children. Delivered in the University of New York. By Prof. G. S. BEDFORD:	
LECTURE XLIV.	147

Puberty in the female; its signs; its changes physical and moral in the young girl; menstruation, when does it commence? Its causes, symptoms, and periodicity. What is the source of the menstrual blood? Menstruation essential to the health, but not to life.—Meteorism with globus hystericus in a young girl aged 18 years, the result of hysteria. Suppression of the menses for the last six months from fright.—Five successive miscarriages in a married woman, aged 25 years. Treatment of miscarriage.

ORIGINAL TRANSLATIONS.

XIX. On Acute Pleurisy. By F. L. A. VALLIEX. [concluded from page 81.]	165
XX. Ascites treated by injections of Iodine. By Dr. P. BARD,	171
XXI. Cannabis Indica in the treatment of Rheumatic Affections. By Dr. HERR,	173

BIBLIOGRAPHICAL NOTICES.

Elkoplasy or Anaplasty, applied to the treatment of old Ulcers.	174
Remedial Properties of Simaba Cedron,	175
Publications received,	176

EDITORIAL DEPARTMENT.

A Happy New Year,	176
Apology—To our Readers,	176
A Fatal Surgical Operation,	177

Naval Surgery.—A Gander's Femur.
Operation for Hydrocele.

177
177

LANCET MONTHLY RECORD.

PRACTICE OF MEDICINE AND THERAPEUTICS:

67. Treatment of Acne; 68. Arsenical lotions in Acne; 69. Oil in-
unction and inhalation in Consumption and Scrophula; 70, 71. Treat-
ment of Dysentery, 178
72. Phosphorus in Intermittent Fever, 73. Bleeding at the testis in
gonorrhea; 74, 75, 76. Urinary, Nitric Acid, common salt, intermittent
fever, 180
77. Burnt Coffee in Intermittent Fever, 78. Treatment of continued
Fever; 79. New arrangement in local Hemorrhage, 181
PRACTICE OF SURGERY:
80, 81. Camphor, Cyanide of Potassium in Erysipelas, 181
82. Diagnosis of Phlegm in Arm; 83. How to make Flaps; 84, 85.
Treatment of Gout; 86. Iodine and Sulphuric Ether in Gout, 182
DISEASES OF WOMEN AND CHILDREN:
87. How to prepare Calomel for administration to Children; 88. Sub-
limate of Bismuth in Chloria infantum; 89, 90, 91, 92. Treatment of
Dysmenorrhoea, 185

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NO.

FEBRUARY, 1855.

LIX.

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CONTENTS FOR FEBRUARY. WHOLE NO. LIX.

CLINICAL DEPARTMENT.

CLINICAL LECTURES on the Diseases of Women and Children. Delivered in the University of New York. By Prof. G. S. BEDFORD:

LECTURE XLIV. 147

Attentions to the new-born infant; tying and cutting the cord; washing, dressing; pins not to be employed; examine the infant to see if there be any deformities; infant not to be exposed to the light; dosing and drugging, their fatal results; the mother's milk the most suitable medicine and food for the new-born child; colostrum, its properties; cleanliness necessary to the health of the infant; dangers to the mother who does not nurse her child; Kiestine, why found in the urine of pregnant women; albuminuria and puerperal convulsions, is there the relation of cause and effect? Rachitis, how produced in the young infant?—Neuralgia of the cervix uteri in a married woman, aged 23, years, no children.—Retro-uterine Hæmatocele in a married woman, aged 34 years, the mother of four children, the youngest 14 months old; exploring needle.

ORIGINAL DEPARTMENT.

- ART. XXIV.** Dropsy; its Causes, and a few hints on its treatment. By IRA A. DARLING, M. D., of Logan Court House, Virginia, 193
- ART. XXV.** On the supposed cause of Goitre and Cretinism. By Prof. ERNI, of the University of Vermont, 201
- ART. XXVI.** Case of extensive disease of the Tibia; extirpation of the bone; cure. By A. MONTEIRO, M. D., of Goochland Court House, Virginia, 203
- ART. XXVII.** Urethral discharge in a man, caused by *Ascarides* in the Rectum. By Z. THOS. MURPHY, D. M. of Salem, Alabama, 204
- ART. XXVIII.** Remarks upon Convalescence. By Prof. KANE, of the University of Vermont, [continued from page 146.] 205

ORIGINAL TRANSLATIONS BY THE EDITOR.

- XXII.** Clinical Remarks upon Hemorrhage, during and after Delivery. By Prof. DUBOIS, [concluded from page 74.] 209
- XXIII.** Emphysema of the Lungs, followed by general emphysema of the sub-cutaneous tissues in children. By M. BÉVCHET, 212
- XXIV.** The properties of Glycerin. By M. A. P. CAP, 214
- XXV.** Acute Rheumatic Ophthalmia cured by the Sulphate of Quinine. By Dr. E. LABOURET, 216
- XXVI.** Pneumonia of the Upper portion of the Lungs. By M. TROUSSEAU, 217
- XXVII.** Treatment of Sub-maxillary and Sub-lingual indurations. By M. PONDAM, 219
- XXVIII.** Twin Pregnancy; birth of one living child, the second having been dead for four months. By Dr. BEDORD, 219

BIBLIOGRAPHICAL NOTICES.

- Positive Medical Agents.** KRITH & Co., 220
- Healthy Skin.** By ERASMUS WILSON, 220
- Principles of Comparative Physiology.** By W. B. CARPENTER, 221

University of New York.

MEDICAL DEPARTMENT.

~~Advertisement~~

Spring, Summer, and Autumn Course of Lectures.

THE Medical Faculty of the University of New-York, with a view of increasing the facilities for Medical Education, without increasing its expense, instituted in 1852, a Spring, Summer, and Autumn Course of Lectures, which will commence the present year on the 19th day of March, and be continued to the 15th day of October, when the usual Winter Lectures will be resumed.

The opportunities which are thus offered to the Student in this vast metropolis are not surpassed by those of Paris. What is there seen may be found here, and in an abundance that exceeds any amount of industry. The season is also more favorable than the winter for Hospital and Dispensary pursuits, and the Student's time is less occupied by Lectures, or may be given at his own pleasure to those practical objects since this course is not necessary to the degree of Medicine.

TERMS OF ATTENDANCE.

There has been a very laudable desire in the Profession to extend the term of instruction at the Medical Colleges, in which the Faculty of the University has heartily sympathized; but it has been found impracticable, to any large extent, as a requirement from Medical Students. There are many, however, whose means are sufficient to defray the expense of a long residence in this city, if not subjected to the additional payment of fees for instruction; and although the Spring, Summer and Autumn course be not required, its advantages are too evident for any further explanation.

Students who shall have attended the Winter Course of Lectures will be admitted to the Spring, Summer and Autumn Course, *free of charge*. Those who have not attended the Winter Session will be admitted on payment of the Matriculation fee and \$25; and should they decide on becoming pupils of the University for the Winter Course ensuing, the \$30 thus paid will be credited to them on taking out their tickets for that course. The Student will, therefore, gain in this manner seven month's instruction, free of cost.

Graduates who may have attended the optional Course will have conferred on them a Certificate of Honor, as an evidence of their having pursued a fuller course of Medical instruction than that usually followed by Students.

FACULTY OF MEDICINE.

REV. ISAAC FERRIS, D.D., LL. D., CHANCELLOR OF THE UNIVERSITY.

VALENTINE MOTT, M. D., LL. D., Emeritus Professor of Surgery and Surgical Anatomy, and Ex-President of the Faculty.

MARTYN PAINE, M. D., LL. D., Professor of Materia Medica and Therapeutics.

GUNNING S. BEDFORD, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery.

University of New York.

JOHN W. DRAPER, M. D., LL. D., Prof. of Chemistry and Physiology.
ALFRED C. POST, M. D., Professor of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.
WILLIAM H. VAN BUREN, M. D., Professor of General and Descriptive Anatomy.
JOHN T. METCALFE, M. D., Professor of the Institutes and Practice of Medicine.

LECTURERS APPOINTED BY THE FACULTY.

CHARLES E. ISAACS, M. D., Surgical Anatomy, and the Use of the Microscope.
PHILLIP A. AYLETT, A. M., M. D., Physiology and Therapeutics.
JOSEPH C. HUTCHISON, M. D., Functional and Organic Diseases of the Uterus.
THOMAS C. FINNELL, M. D., Pathological Anatomy.
G. C. E. WEBER, M. D., Embryology and Obstetrical Operations.
CHARLES E. ISAACS, M. D., Demonstrator of Anatomy.
GEORGE A. PETERS, M. D., Prosector to the Professor of Surgery.
ALEXANDER B. MOTT, M. D., Prosector to the Emeritus Professor of Surgery.

JOHN W. DRAPER, M. D., LL. D., President of the Faculty.

COURSE OF INSTRUCTION.

Lectures will be delivered on Pathological and Microscopic Anatomy ; Physical Diagnosis and diseases of the chest ; Surgical Anatomy of the Genito-Urinary Organs ; Physiology and the Institutes of Medicine ; Diseases of the Uterus ; Anatomy and diseases of the Eye ; Embryology with Obstetric Surgery ; Therapeutics, etc. Lectures will also be given on Materia Medica, Medical Jurisprudence, etc.

In addition to the above there will be Five Cliniques held each week in the College Building, as follows :

1st. *An Obstetric Clinique* every Monday from 2 1-2 to 4 1-2 o'clock, p. m., by Prof. Bedford. This clinique was first established by Prof. Bedford, in October, 1850, and from that time it has met with constantly increasing success. More than 8000 cases of the most interesting diseases of women and Children, have been presented at it. So great are the facilities of the City of New York in this respect, that it may be truly said nowhere else do such opportunities exist for the study of this department.

2d. *Surgical Clinique* every Tuesday from 2 1-2 to 4 1-2 o'clock, p. m. by Prof. Mott. The following are among the Operations performed at this Clinique to the middle of January of the Session now in progress : Ligature of right Carotid, for Aneurism by Anastomosis of Face—child 6 mos. old. Ligature of left Carotid for Fungus Hæmatodes of eye ball—girl 7 years old. Ligature of both Carotids for malignant disease of Neck and Eye—girl 15 years old. Two extirpations of Eye for malignant disease. Schirrous Tumors of Female Mammeæ. Lipomas. Three cases Fistulas in Ano. Glandular Tumors of Neck excised. Burns and Scalds. Gunshot wounds in Axilla. Two cases Spina Bifida. Twelve cases of Nævus. Three cases of Fracture of Fore arm. One case of Fracture of head of Femur. One Fracture of Nose. Three cases of Fracture of Leg. Two cases of Fracture of Ribs. Four cases of dislocation of Shoulder. One case of Fracture of Cranium with depression. Three cases of Cancer of the tongue. Seven cases of Cancer of Lip op-

University of New York.

erated on. Three cases of Polypus of Nose. Removal of the Upper Jaw for disease of the Antrum. Several cases of Hernia. Four cases of Fissure of Anus. Six cases of hemorrhoids. Ten cases of Hydrocele. Two cases of Cirsocele. Nine cases of Club Feet. Six cases of Amputation of Finger. Two cases of Fistula Lachrymalis. Two cases of Ectropion. Twenty cases of Ulceration of Cornea. Cases of Granulated Lids. Five cases of Operations for Strabismus. Ten cases of Abdominal Tumours. Thirty cases of Varicose Ulcers of Leg. Twenty cases of Paronychia.

3d. *Medical Clinique* every Wednesday, from 2 1-2 to 3 1-2 o'clock, p. m., by Prof Metcalf. This clinique is full of interest from the great number of miscellaneous disease presenting itself. During the present winter session several hundred cases of Consumption, Heart Disease, Aneurism, Pleurisy, etc., have been examined by the Students. The Clinical Class is divided into sections, each of which examines, at leisure, in a room provided for the purpose, the lungs, heart, etc., of patients in whose cases a written record of physical signs has been previously dictated before the Class by the Professor, and serves as a guide during the examination.

4th. *Surgical Clinique, with the Diseases of the Genito-Urinary Organs*, every Wednesday, from 3 1-2 to 4 1-2 o'clock, p. m., by Prof. Van Buren. This Clinique will, independent of its general Surgical practice, afford ample opportunities to study that interesting class of diseases appertaining to the Genito-Urinary Organs.

5th. *Surgical Clinique* from 11 a. m., to 1 o'clock, p. m., every Saturday by Professor Post.

Since the last Session, Dr. Post's Surgical Clinique has been very full y attended, and has presented more than the usual variety and interest. Among the more important operations are the following: Lithotripsy has been performed 15 times; Lithotomy once. Also a number of cases of Hare-lip; Fistula in Ano; Nasal Polypi; Strabismus; Hydrocele; Club foot; Tumors, etc., and a variety of other operations.

HOSPITALS, &c.

The New-York Hospital, of which Professors MOTT and Post are consulting Surgeons, Prof. VAN BUREN an attending Surgeon, and Prof. METCALFE an attending Physician, is visited daily, and also Clinical instruction given.

Bellevue Hospital, the Eye and Ear Infirmary, the various Dispensaries, etc., all of which are open to the Students, present an aggregate of more than 70,000 patients annually. Thus it will be seen from the above sketch of the advantages offered by the City of New York for the pursuit of Medical Science, that the Faculty are in the ample enjoyment of the means necessary to make the University eminently a school of *practical Medicine*, and they pledge themselves to spare no effort to carry out, in its fullest extent this object.

WINTER SESSION OF LECTURES.

The Session of Winter Lectures will commence on Monday, the 15th day of October, and be continued until the last day of February.

FEES FOR THE WINTER COURSE.

Full Course of Lectures,	-	-	-	-	\$105
Matriculation Fee,	-	-	-	-	5
Demonstrator's Fee,	-	-	-	-	5
Graduation Fee.	\$80				

University of New York,

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REQUISITES FOR GRADUATION.

1. The Candidate must be 21 years of age.
2. He must have attended two Courses of Medical Lectures; one of which must be delivered in the Medical Department of the University of New York.
3. The Candidate must have studied Medicine for three years, (the terms of attending Lectures being included in these) under the direction of a respectable Medical Practitioner.
4. He must write a Medical Thesis, either in the English, Latin or French Language.

Two Commencements take place annually in the University, at either of which Candidates who have complied with the above requisitions may graduate.

The first takes place early in the month of March, and the other about the end June. The great body of the Candidates will, no doubt, graduate at the Spring Commencement; but those who wish to postpone it will have the opportunity of examination in June.

BENEFICIARY FOUNDATION.

For the purpose of assisting meritorious individuals, the Faculty will receive, annually, ten Beneficiaries, who will be required to pay \$20 each towards the expenses of the Institution, and the Matriculation Fee. The sons of Physicians and Clergymen, other things being equal, will be considered as having a preferred claim. Those who are desirous of availing themselves of this foundation will present to the President of the Faculty during the Summer, satisfactory documents showing them to be persons of good moral character, and of appropriate elementary education, and in circumstances which require this assistance.

Students on arriving in town will call at the College, 107 East Fourteenth St., between Irving Place and Third Avenue, and inquire for the Janitor, Mr. Polman, who will provide them with boarding houses.

Letters may be addressed to Prof. DRAPER, President of the Medical Faculty, University, New York.

New York, January 20, 1855

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THE OBJECT OF THIS INSTITUTE IS,
TO PREPARE THE ACTIVE PRINCIPLES OF INDIGENOUS AND
FOREIGN MEDICAL PLANTS.

Most of the articles which we prepare, are in the form of *Powders*. This is a desideratum which has long been felt both by Physicians and Druggists. One great and principal objection to the use of many vegetable remedies has been, that it required such large doses of the article, in its crude state, to accomplish the desired effect, that the bulk alone would defeat the entire purpose for which it was administered, by cumbering and distending the stomach, so that persons of a weak or delicate organ have often received more injury than benefit from such drugging.

Great improvements have been made, by the preparation of the various *Extracts*. But these are not without their objections. Though generally better than the crude article, yet they are inconvenient to administer, on account of their semi-solid consistency. Many of them, also, are not reliable, having been prepared by those who understood imperfectly their business, having destroyed or thrown away the active principle, and very cautiously bottled up the sugar, starch, and extractive matters, dried down to a thick syrup or jelly. That such preparations should disappoint the Physician, and lead him to look with distrust upon the whole class of *Extracts*, is a natural result. But it is an evil which is working its own reform. We have so far improved upon these principles that we present to our customers, the active properties of each plant, in a state nearly chemically pure, getting rid of the gum, saccharine, and ligneous matters, which form the great bulk of ordinary medicinal powders. Country Physicians, who have to perform the double office of Physician and Druggist, have especially felt the need of more certain and convenient preparations, and from them we have not been disappointed in our expectations, by receiving their hearty approval and patronage.

Organic Chemistry, or the examination of the active principles of plants, is, as yet, in a state of comparative infancy. There is a large field left unexplored, inviting the researches of the chemical student for its rich treasures and rare beauties. So far as the articles which we prepare are concerned, but little attention has been devoted to them, and the only information on them, is to be found in scattered papers, in the journals. As a result of this neglect, much time and money have been expended on each article, by way of experiment, before we could ascertain in what consisted the active principle of such article, and the best mode of obtaining it. But we spare no pains, nor reasonable expense to perfect every substance which we prepare, as well by our own efforts as by calling to our aid chemists, as good as can be procured in the country.

The great pyramid of our *Materia Medica* has been many hundreds of years in process of erection; yet no liberal minded man will contend that the noble structure is yet complete. That part which is built from the Mineral Kingdom, presents the most beautiful finish, because upon it there has been the most labor bestowed. But the Vegetable Kingdom is yet destined to fill many a vacant niche, and furnish some corner stones in this structure. Our object is, to lend a helping hand in this progressive work, and present the Medical Profession with

RELIABLE, CONVENIENT AND EFFICIENT ARTICLES.

That the articles which we manufacture, possess ALL of these qualities, we are assured by the success which has attended our efforts, and the many letters of commendation and satisfaction, which we receive from those who have used them. The demand has so increased that we have had to extend our facilities for manufacturing, and in future hope to be able to answer all orders promptly.

The following is a list of the medicines which we offer for sale. Only a part of these are official, or according to the United States Dispensatory; but, believing that they possess sufficient medicinal virtues to entitle them to that honor, we take the liberty to present them to the notice of the profession, and all we ask is, that, as we have been led to extend our business, our efforts may meet with a continued and increased approval from practicing Physicians.

LIST OF ARTICLES.

<i>Powders.</i>	<i>Obtained from.</i>	<i>Powders.</i>	<i>Obtained from.</i>
Apocynin,	Apocynum Androsaemifolium	Menispermis,	Menispermum Canadense
Asclepin,	Asclepias Tuberosa.	Myricin,	Myrica Cerifera.
Caulophyllin,	Caulophyllum Thallietroides.	Podophyllin,	Podophyllum Peltatum.
Chelonin,	Chelone Glabra.	Phytolacin,	Phytolacca Decandra.
Cypripedin,	Cypripedium Pubescens.	Rhusin,	Rhus Glabra.
Euonymin,	Euonymus Americanus.	Sanguinaria,	Sanguinaria Canadensis.
Gelsemin,	Gelseminum Sempervirens.	Senecin,	Senecio Gracilis.
Geranin,	Geranium Maculatum.	Stillingin,	Stillingia Sylvatica.
Helonin,	Helonias Dioica.	Viburin,	Viburnum Oxycoceus.
Hydrastin,	Hydrastis Canadensis.	Xanthoxilin,	Xanthoxylum Fraxineum.
Hydrastine,	"		
Irisin,	Iris Versicolor.		
Jalapin,	Ipomoea Jalap.	Oil of Capsicum,	
Leptandrin,	Leptandria Virginica.	Oil of Lobelia,	
Lobelin,	Lobelia Inflata.	Con. Tinct. of Gelseminum Sempervirens.	
Macrotin,	Macrotys Racemosa.	Concentrated Tinc. Veratrum Virida.	

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We publish a Price Current, which we send to Druggists who furnish us with their names; also, a Manual, containing a brief account of the leading properties, and uses of these Medicines, which we send to Physicians.

All the articles manufactured at our Laboratory will be put up in vials of flint glass, be hermetically sealed and stamped "American Chemical Institute, N. Y., 1851," and bear the following stamped label.

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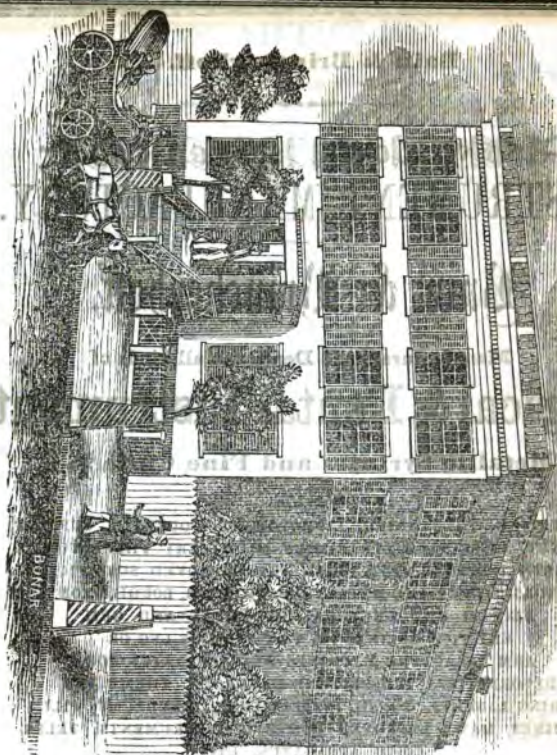
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NEW YORK PRIVATE LYING-IN-INSTITUTE.

Dr. THOMAS HOLMES, for the past six years Examining Physician for the Coroner of the City and County of New York, takes this method of informing the Profession and the Public that he has purchased eight lots of ground, corner of South-Sixth and Eighth Streets, Williamsburgh, L. I., and within five minutes' walk from Peck Slip Ferry, on which he has erected a large and commodious building, on the plan of *les Maisons de Sante*, in Europe, for the reception of puerperal females who desire a private confinement. Each patient can have a handsomely furnished room, having no communication with any other apartments. No pains will be spared to render the patient as comfortable and happy as they would be at home.

There are attached to the Institution an Anatomical Museum, a double suit of parlors, and a large garden, in which is erected an Ice Cream Pavilion.

The best Nurses will be provided for the subsequent care of the infants for those who may wish.

Doctors will confer a favour by directing cases of this kind to this Institution.

Vt. University Medical College.

Applications to be made, in any of the various modes, to the Institution.

I have long believed such an Institution as is established by Dr. HOLMES, calculated to relieve a great amount of female suffering, and to have a moral influence on society. VALENTINE MOTT, M. D.

Professor of Surgery, in the University of the City of New York.
September 17th, 1849.

MY WORTHY FRIEND.—The establishment of such an Institution as you have in view, has been long required, to save the reputation of those who are misled by the deceitful promises of our own sex. From an association with you for the past three years, I say to all who desire the advantages of such an Institution, that I know of no person more capable than Dr. HOLMES, and few possess the kindness of heart which he has always exhibited while I have had the pleasure of knowing him.

WILLIAM A. WALTERS, M. D.

Coroner of the City and County of New York.
New York, Dec. 29, 1849.

N. B.—Five dollars will be promptly paid to every Physician who will recommend a patient to this Institution, if such patient be regularly admitted. Physicians will please send a note with the patient.

Directions.—Cross Peck Slip Ferry, at Peck Slip, or Division Avenue Ferry, at the foot of Grand Street. These Ferries land at the foot of South-Sixth Street, Williamsburgh, then keep up Sixth to Eighth Street.

University of Vermont.

MEDICAL DEPARTMENT.

ASSOCIATION 1855-56

Samuel W. Thayer, Jr., M. D., Professor of Anatomy and Physiology and President of the Medical Faculty.

Edward Kane, M. D., Professor of Theory and Practice of Medicine and Pathology

Walter Carpenter, M. D., Professor of Materia Medica and Therap.

Orren Smith, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Obstetrical Jurisprudence.

Henry Erni, Professor of Chemistry, Pharmacy, and Toxicology.

Horace Nelson, M. D., Professor of Surgery and Surgical Jurisprudence

LECTURES.—There will be delivered in the Medical Department of the University of Vermont, at Burlington, an annual Course of Lectures commencing on Thursday the 6th of March, and continuing sixteen weeks.

FEES.—Matriculation, \$3; Full Course of Lectures, \$50; Graduation, \$18. Students who have attended two full Courses of Lectures at other Institutions, will be admitted by paying the Matriculation Fee, and a fee of Ten Dollars.

Information to those who

SOMETIMES THINK, CAN THERE BE TO THE PHYSICIAN A
MORE IMPORTANT SUBJECT FOR REFLECTION THAN THE EFFECT
OF HIS PRESCRIPTION?

The regular Practitioner of Medicine has almost insurmountable difficulties to contend with, in the fact, that his prescriptions are necessarily little better than experiments, more particularly the Physician of the South and West, from the fact that the purity and strength of Medicines vary so very materially.

It is well known that Laudanum is usually made from the most inferior and unsaleable pieces of Opium, which seldom if ever contain half the proper quantity of Morphine.

Rhubarb is powdered from roots, varying in price, from \$1 to \$2 per pound, and "Turkey" Rhubarb from roots at \$2 up to \$5. The lower prices, of course, more or less decayed, and worm-eaten, and thus being unsaleable, are powdered and colored to sell "cheap."

Instead of Jalap, large quantities of the "Spurious Jalap," and also of a variety known as "Jalap Tops," are sold at about one-quarter the price of the True Jalap.

For Peruvian Bark, at least a thousand pounds of the worthless, inert Carthagena and Maracaibo Bark, are ground and sold for every pound of the true Peruvian Calasaya Bark.

Now, if these are facts—and they certainly are well-known facts, and very serious facts, too—how is it possible to prescribe with any certainty? Is prescribing with such Medicines anything else than experimenting?

And that they are facts, is abundantly proved by the Report of the Custom House Inspector of Drugs and Medicines, and also by the Report of the Special Commissioner of the Secretary of the Treasury, on adulterated and Spurious Drugs; which Reports, shocking and humiliating as they are, do not show a tithe of the facts in regard to the wholesale adulteration of Medicines.

Ought not the whole Profession feel that their reputation, their success, and the lives of their patients, should rest on a surer foundation than "guess-work" or experiments?

Are not Pure Medicines far safer for the reputation of a Physician, and far more economical, taking success in view, than cheap Medicines, which are entirely unreliable, even when they may have any virtue?

THEREFORE, your earnest attention is requested to a branch of business intimately connected with success in the treatment of disease. It is well known among dealers, and yet not generally known by the profession and the public, that pure and genuine medicines, particularly pure powdered drugs, from the first quality of gums and roots, are scarcely procurable in this country, and therefore physicians often prescribe medicines to meet certain indications in the disease of the patient, without obtaining the desired and beneficial result. To enumerate the articles of adulterated medicines that are daily sold in market, would be to name almost the entire list of the materia medica. From the finer and more important chemicals and pharmaceutical preparations, such as MORPHINE, QUININE, HYDRODATE POTAS, CALOMEL, BLUE PILL, etc., etc., down to the most common, and daily use, such as Cream Tartar, Rhubarb, Ipecac, etc., the adulteration are so adroitly made that (without analyzation) even the closest inspection will fail to detect them. Quinine is often found largely adulterated (in some instances more than half,) with Manite and other substances. Blue mass and Calomel have been found much more than half adulteration. A gentleman, at one time connected with an extensive manufacturing establishment, informed us that, just before he left England, the factory turned out more than four thousand pounds of blue

Schleffelin, Haines & Co.

pill, containing Barytes, instead of Mercury; and that all was destined for the American market.

Knowing this matter to be worthy the first and earnest attention of the practitioner, we would respectfully ask attention to the accompanying Circular.



We wish to call particular attention to our EXTRA POWDERS, which are pulverized from selected roots and gums of the very best quality, and when necessary, every piece is broken and examined under our own immediate supervision, and consequently possess a purity hitherto unknown in this country, and a uniformity of action upon which the physician may rely with perfect confidence.

Our powdered Ipecac., *Extra*, also, will be found much superior to the usual article of commerce, being made from the true Brazilian Ipecacuanha, and consisting solely of the active outer coating of the root, carefully separated from the ligneous parts, and from all other inert matters. We powder only the roots of the true Mexican Jalap. In pulverizing Colocynth, *Extra*, we retain only the active pulp of the apple, rejecting the seeds, which latter constitute the principal part of the weight of the fruit, and nearly inert. Powdered Rhubarb, *Extra*, we prepare from the best East India Rhubarb, which is culled over with great care, every root being broken to detect any unsoundness. The powdered Resin Guaiac, *Extra*, is the pure Resin collected in tears, entirely free from the dross and dirt usual to the ordinary Guaiac of commerce. The Scammony, also, is powdered from an article differing in appearance, and very much superior to what is usually sold for Aleppo Scammony. Blue Pill, bearing our label, will always contain one-third part of Mercury, and our Hydro-sublimed Calomel will be found to be of a superior and regular quality. Many of the roots from which the EXTRA POWDERS are prepared, are SIFTED and WASHED, and so many extraneous roots, etc., etc., are culled out, that the loss is often from one-quarter to one-third of the original weight, making, consequently, a very different article from the ordinary Powders of commerce.

PARTICULAR NOTICE.—Having repeatedly heard that it is asserted that the SUPERIOR QUALITY of our EXTRA POWDERS, and the UNUSUAL CARE in preparing them, is all pretence, and that no one would take so much trouble and time, we merely state that *we have on hand, to show to any one doubting the facts, the Stems culled from cubebs, the seeds taken from the Pulp of the Colocynth, the woody inert parts of the Ipecac, the extraneous roots culled from Pink, Senega, Serpentina, etc., and various other tangible proofs of the difference between our EXTRA POWDERS and the ordinary Powders of the trade.*

Care is taken to have these "Extra Medicines" not only pure, but of the best quality procurable. When required, any of these articles can be obtained of us in their original state, as some may desire a superior article to use unpowdered. The life of the patient, as well as the success and reputation of the physician and apothecary, depends so much upon the prompt action of the medicines used in sickness, that we feel every confidence that any effort to furnish them with pure and superior drugs will be fully appreciated. To preserve the preparations from being injured by the air and moisture, they are generally put up in bottles and jars, containing one pound each, and also in five and ten pounds canisters. They should be kept as much as possible from the light.

It will be observed that the prices of these superior articles are necessarily higher than those of the ordinary kind, and physicians and merchants at a distance, when they wish this quality sent them, are particularly requested to write for the "EXTRA MEDICINES" of

Philip Schleffelin, Haines & Co.,

DRUGGISTS AND CHEMISTS, NEW YORK.

Schiffelins, Hanks & Co.

EXTRA POWDERS.

Aromatic Powder, U.S.P.	Pulv. Digitalis,	Pulv. Orange Peel,
Pulv. African Pepper,	" Elecampane,	" Orris Root,
" Alum,	" Ergot,	" Pepper, Cayenne.
" Allspice,	" " 1 oz. vials,	" American,
" Aloes, Cape,	" Ext. Colocynth C'd,	" Pepper, Black,
" " Socot,	" " Licorice, Calab,	" Peruv. Bark, Loxa,
" Assafoetida,	" Fœnugreek Seed,	" " " Red,
" Antim. Ref. Blk.	" Gentian Root,	" " " Calisaya,
Sulph.	" Ginger, Jamaica,	" Prickly Ash,
" Angostura Bark,	" Golden Seal,	" Pink Root,
" Aniseeds,	" Guaiac Resin, Tears	" Pleurisy Root,
" Bayberry Bark,	" Gum Arabic, Turk.,	" Rhubarb, Turkey,
" Belladonna,	" Gamboge,	" " " E. India,
" Blood Root,	" Mastich,	" Rhatany Root,
" Bitter Root,	" Myrrh,	" Sarapailla, Para,
" Black Root,	" Tragacanth,	" Sage,
" Borax,	" Hellebore, White,	" Summer Savory,
" Buchu,	" Hyosciamus,	" Sweet Marjoram,
" Caraway Seeds,	" Ipecac,	" Sabina,
" Cantharides,	" Ipecac and Opium,	" Senna, Alex.
" Canella Alba,	" Jalap,	" Seneka Root,
" Cardamon, (seeds),	" Kino, True,	" Scam. Aleppo, No. 1
" Cicuta,	" Lobelia,	" " " Virgin,
" Cranesbill,	" " Seeds,	" " " 1 oz.
" Cloves,	" Mandrake,	vials,
" Cinnamon ordinary,	" Marsh Rosemary,	" Snakeroot,
" " Ceylon,	" Mace,	" Squills,
" Cohosh, Black,	" Mezereon,	" Sulphate Copper,
" Columbo,	" Nux Vomica,	" " Iron,
" Colchicum Root,	" Nitrate Potass, Pure,	" " Potass,
" " Seed,	" Nutmegs,	" Uva Ursi,
" Colocynth Pulp,	" Nutgalls,	" Valerian, English,
" Cubebs,	" Opium, Turkey,	ETC., ETC., ETC.

Bottles and Cans at cost. When put up in 1-4 and 1-2 lb. Bottles, at 10 cents per lb. advance.

As many of the Gums, etc., are of unusual purity, for instance, Guaiac, they are very liable to run together and become solid. Even the ordinary common Gums of Commerce are so apt to run together, that Drug-Grinders generally grind with them some woody substance, such as Licorice-root, Gamboge-root, etc., etc. Some roots that are rich in resin, such as Rhubarb, Jalap, etc., are also apt to agglomerate. The EXTRA POWDERS, being perfectly pure, and free from all foreign substances, are therefore more liable to become solid than the common qualities; but where they do so we will replace them with others that are freshly powdered.

Pure Chemicals prepared at our Laboratory.

Ammonia Aqua,	Cryst.	Syrup Iodide Iron,
" " Liquor Fort.	" " Protiod.	Sulphuret Potassa,
Ammoniated Alcohol,	Morphine, Sulphate,	Valett's Ferruginous
Argent Nitras,	" " Acetate,	Mass,
" " Crystals,	Granville's Lotion,	Zinci Acetas,
Lunar Caustic No. 1, 2, 3,	Gallic Acid,	Zinci Sulphas,
Ferri Carb. Precipitated	Oil Copaiva,	Zinci Chloride,
" Sulphas, Pure,	Oil Cubebs,	Chlorode Soda de La-
" " Exsiccat,	Precipitate Chalk,	baraque,
Iodide Arsenic,	Prussic Acid,	Confection Roses,
" Lead, Crystals,	Potassa Nitras, Pure,	" " Senna,
" Iron,	Strychnine,	Blue Pill Mass,
Mercury, Bin Iodide,	Spirits Nitri Dulci,	Ungt Mercurial,

Schiffelin, Haines & Co.

Many of these chemicals differ *decidedly* in appearance from the chemicals of commerce, as well as in their *valuable properties*, and bear externally the style of our manufacture, BEING IN CRYSTALS, AND HAVING THE PECULIAR CRYSTALLINE CHARACTERISTIC of each article; while those usually sold are in the powdered state, in which form it is difficult to judge of purity.

The Crystals of the Iodides of Lead and Mercury, and the Sulphate of Morphine more particularly, are much esteemed by all who have tried them, and our soluble Precipitate Carb. Iron, Nitrate of Silver, Extra Blue Pill Mass, hold the first rank among choice chemicals.

Our **Hydro Alcoholic Extracts** are prepared by steam process in a **Patent Vacuum Apparatus**, and at the low temperature of nearly one hundred degrees *below* the boiling point, so that the valuable properties of the plant are preserved uninjured, and at the same time a *consistence, color, and taste* are obtained which are not found in the vegetable extracts now in common use, and which are sufficient evidence of their superiority. Among them are the following Extracts:—
Belladonna, Butternut, Buchu, Bloodroot, Boneset, Conium, Chamomile, Colocynth Ordinary, do. Opt. Dandelion, Alcohol, do. Inspissat, Digitalis, Gentian, Opt., do. Ordinary, Hyosciamus, Hops, Jalap, Lupuline, Mandrake, Nux Vomica, Opium, Pink root, Quassia, Rhubarb, Sarsaparilla, Simpl., do. Comp., Para Alcoholic, Hond do., Stramonium, do. seeds, English Valerian, Dutch do.

Observe, that it is a well-established fact, that many plants which, in their native conditions, are possessed of very active medicinal properties, lose by cultivation their peculiar characteristics, and become nearly inert. Some vegetables which belong to poisonous families of plants, by cultivation are made innocuous, and are freely eaten as food, as the Potato, Parsnip, Celery, etc.

To ensure to our Extracts, such as Hyosciamus, Belladonna, Conium, etc., all the active therapeutical effects which they should possess, we take pains to procure the Herbs from which they are prepared, from places where they are indigenous to the soil, viz: from Germany, France, India, England, etc., and they are consequently much superior to Extracts made from the cultivated Plants of American growth.

The difference is very apparent between these *Extracts* and those of any other make, not only in appearance, but also far more in flavor and in the peculiar aroma of the herbs; so much so, that even without the labels, they are easily distinguishable by the *taste and smell*. These are facts of so much importance, that they should be remembered by all who have occasion to use medicinal vegetable extracts.

These Extracts, together with our Pure Chemicals and Extra Powders, have received the unqualified approbation of various Medical Associations, and of Physicians and Apothecaries, and have elicited many complimentary letters on their good qualities. The following token of approbation is from the Ohio Medical Convention:—

“Resolved.—That the thanks of the Medical Profession are due to the house of PHILIP SCHIEFFELIN & Co., of New York, for their efforts to furnish the community with pure drugs; and we recommend their Extra Medicines to the confidence of Dealers and Practitioners.”

Their superior efficacy in all prescriptions will at once be apparent to every one who reflects upon the difficulty oftentimes experienced in the administration of the common drugs of commerce, and the *loss of life and of reputation* consequent upon the use of *inert remedies*.

COD LIVER OIL.—The great and increasing demand for COD LIVER OIL, and the difficulty of procuring the oil in its pure state, and such as we can guarantee to our customers, have induced us to send an agent to the fisheries, for the purpose of having the best article that can be offered in market. This article will also bear our label when put up in bottles, and be warranted pure, when ordered in bulk.

To Druggists. In addition to the Extra Medicines, we also keep a large and well-assorted stock of the ordinary Drugs and Medicines of

Castleton Medical College.

commerce, carefully selected, and the best that can be procured. Our Essential Oils and other Liquids we obtain from the most reliable sources, and are submitted to every known test for impurities; and we avoid purchasing any kind of Drugs in the powdered state.

Our arrangements and facilities are such that we can offer inducements to Dealers which must influence all who not only like to have a fair equivalent for their money, but at the same time to have Goods that are what they purport to be, and such as will bear the strictest examination and analysis.

NITRATE OF SILVER can also be obtained from us perfectly pure either in sticks or crystals, manufactured at our Laboratory.

MORPHINE.—Our Morphine having acquired a reputation superior to any other, those who have occasion to use the article will be satisfied of its excellence by giving it a trial.

We also prepare the *Syrup of Iodide of Iron, U. S. P.*, now so highly esteemed as a remedy in Scrofulous Complaints, and also Dupasquier's *Syr. Iod. Iron*, which is a much milder preparation, and better adapted for Ladies and Children. These articles (which it is of the greatest consequence to Physicians to have of reliable quality) are, with our other preparations, offered to the notice of those desiring **PURE DRUGS AND CHEMICALS**.

Philip Schieffelin, Haines & Co.,
107 Water Street, New York.

CASTLETON MEDICAL COLLEGE.

There will be two full Courses of Lectures annually in this Institution; the *Spring Session* commencing the last Thursday in February, the *Autumnal Session* commencing on the first Thursday in August. Each course will continue four months, under the direction of the following Faculty:

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WILLIAM SWEETSER, M. D., Professor of Theory and Practice of Medicine.

MIDDLETON GOLDSMITH, M. D., Prof. of Surgery.

WILLIAM C. KITTRIDGE, A. M., Professor of Medical Jurisprudence.

CORYDON LA FORD, M. D., Prof. Anatomy and Physiology.

GEORGE HADLEY, M. D., Professor of Chemistry and Natural History.

ADRIAN T. WOODWARD, M. D., Demonstrator of Anatomy.

FEES.—For each full Course of Lectures, \$50. For those who have attended two full Courses at other Medical Colleges, \$10. Matriculation, \$5. Graduation, \$16. Board, including the expenses of room, fuel and lights, can be obtained in respectable houses, at from \$175 to \$250 per week.

Castleton is accessible from all parts of the country by Railroads.

JOSEPH PERKINS, M. D.,

Dean of the Faculty.

Castleton, Vt., Feb 1st, 1855.

6 m.

DISSOLUTION OF PARTNERSHIP.

The Copartnership heretofore existing under the firm of **Dampster & Henley**, for the Manufacture of Surgical Instruments is this day dissolved by the withdrawal of the undersigned. **JOSEPH HENLEY**.

New York, June 12th, 1854.

Anatomy, Pathology and Physiology of the Human Teeth. By God-	
DARD and Parker,	222
A Treatise on Diseases of the Eye. By W. LAWRENCE,	222
A Manual of Pathological Anatomy. By JONES and SIEVERING,	223
To the Readers of the LANCET,	224

LANCET MONTHLY RECORD.

PRACTICE OF MEDICINE AND THERAPEUTICS:

93. Treatment of Herpes; 94. Nitric Acid in Hooping-cough; 95. Anodyne Syrup for Hooping-cough; 89. Iodide of Silver in Hooping-cough; 97. Sub-carbonate of Iron in Hooping-cough; 98. To render Iodine soluble in water; 99. To make Iodine paint, 225
100. New preparation of Ipecacuanah; 101. Collodion in Facial Neuralgia; 102. Application for Pharyngitis; 103. Treatment of Pemphigus; 104. Cod-liver oil and Tenies in Phthisis; 105. Iodine inhalations in Phthisis, 226
106. How to arrest vomiting in Phthisis, 227

PRACTICE OF SURGERY:

- 107, 108, 109, Treatment of Gonorrhœa; 110. Hemorrhoids; 111. Vapour of Chloroform in Hemorrhoids with eversion of the anal mucous membrane, 228

Monthly Subscription List.

We have of late been so much crowded by advertising patronage that we have been unable to publish the names of Subscribers. We commence this day with those received since the publication of the December Number:—

- ALABAMA. Drs. Newman, S Moore, H F Pollard, P H Tanner, G Garrett, T V Templeton, N Palmer, Parks Canfield, G Talbott, J M Redmond.
- ARKANSAS. Dr. T Grove.
- CANADA EAST. Drs. H Cartier, Tonpin, Dauth, Leclair.
- CANADA WEST. Drs. Allanby, Edmonstone, C Freeman.
- CONNECTICUT. Drs. E G Sumner, E Sammis.
- GEORGIA. Drs. S M Radcliff, Dudley Cox, Jno. R Godkin, J D Pope, J C P Hook, G C Taylor, U Stevens, J P Chapman.
- ILLINOIS. Drs. N W Chase, T Foster, A Merrick.
- INDIANA. Drs. E W Jenks, E W H Beck.
- IOWA. Dr. E F Hendrick.
- KENTUCKY. Dr. J Clayton.
- LOUISIANA. Drs. J B C Gazzo, Thompson.
- MAINE. Dr. W Wescott.
- MASSACHUSETTS. Prof. W Burnham, Drs. C N Chamberlin, S A Toothaker.
- MICHIGAN. Drs. M. Porter, E Rending.
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I hereby certify, that Mr. JAMES DEMPSTER has been employed as Surgical Instrument Maker for the Brooklyn City Hospital, and has given such entire satisfaction, that I take great pleasure in thus attesting it.

JOHN HASLETT, M. D.

President of the Board of Trustees, and late Surgeon U. S. Navy.
Brooklyn, Dec. 17th, 1851.

Having examined and tested the Surgical Instruments of JAMES DEMPSTER, I take great pleasure in pronouncing them for beauty, finish and practical use, unsurpassed.

D. AYERS, M. D.,

Brooklyn, Dec. 17th, 1851.

Brooklyn, N. Y., Dec. 23d, 1851

It gives me much pleasure to testify to the superior quality of the Instruments of JAMES DEMPSTER, of New York. Those furnished by him to the Brooklyn City Hospital, and several cases made for myself, I think are equal, if not superior to any I have ever seen.

JAMES M. MINOR, M. D.,

Surgeon Brooklyn City Hospital, late passed Assistant Surgeon, U. S. N.

D. can also refer to Dr. CHEESEMAN and other eminent Surgeons of New York.

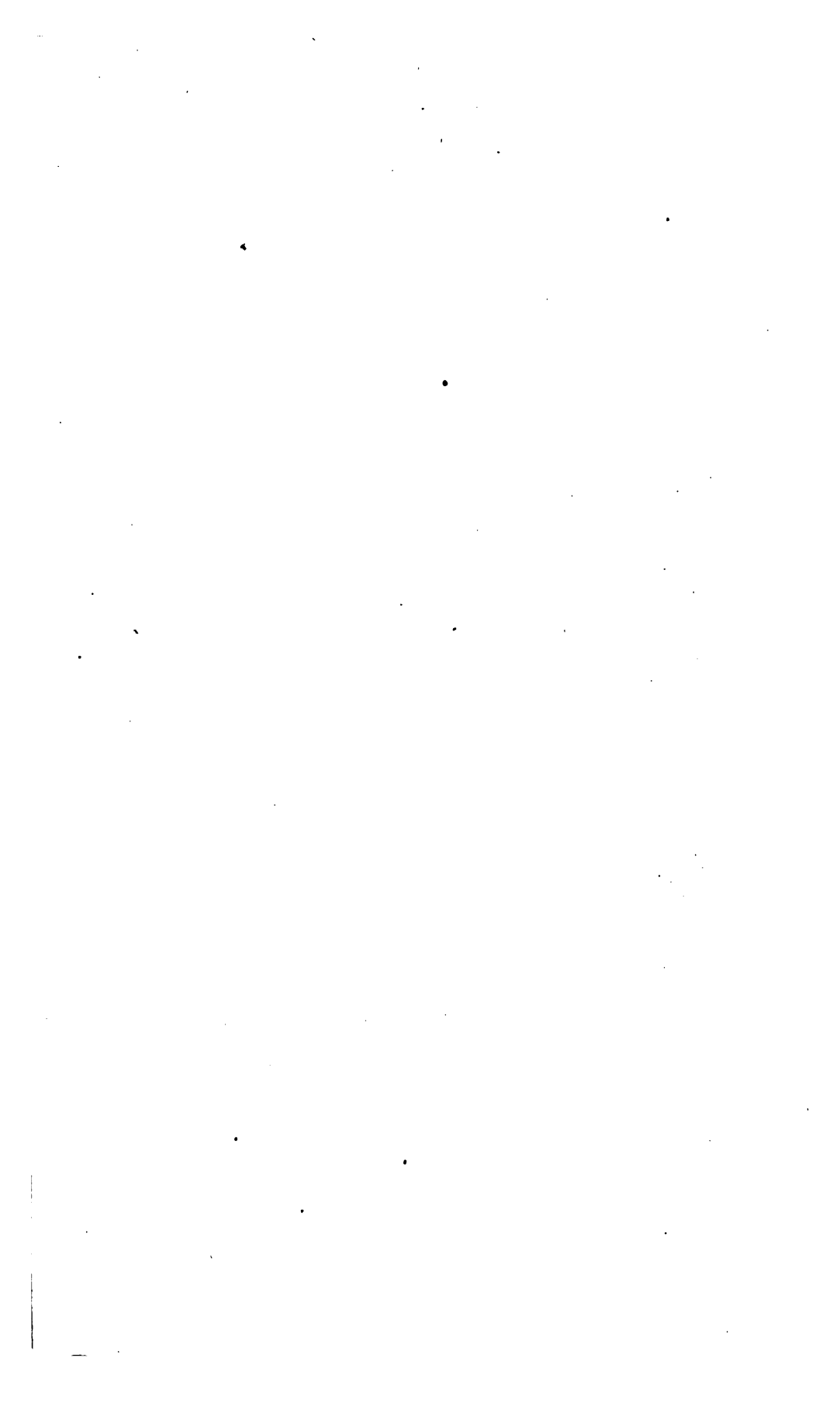
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